V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 277

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 81

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital D (If not in hospital or institution, write street number or location).
(d) Length of stay: In hospital or institution 8 minutes (Specify whether
In this community 8 minutes years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Holt. 44
(c) City or town Oregon Mo. (If outside city or town limits, write "RURAL")
(d) Street No. RFD#1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRED-A-MULLINS.
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Getty
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Jan (Month) 9 (Day) 1889 (Year)

8. AGE: Years 58 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Sneedville (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Farmed. self
11. Industry or business
FATHER 12. Name Jerry Mullins
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name unk
15. Birthplace (City, town, or county) unk (State or foreign country)
16. (a) Informant Ira B Mullins
(b) Address Rosendale
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 18 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fillmore Mo Cem.
18. (a) Signature of funeral director Stamey Funeral Home
(b) Address St Joseph, Mo
19. (a) 1-21-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1947 hour 12:43 minute a M.
21. I hereby certify that I attended the deceased from 9-5-46, 19 to 1-16-47, 19; that I last saw him alive on 1-15-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary disease. Prior	9/6/46
Due to Chronic myocarditis Prior	9/6/46
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

930

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) M.D.
Address January 16, 1947 Date signed 1-17-47
218 N. 7th St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr Clifton Smith
KO 7th

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Charles M. Harman, Registered Apprentice No. 450, working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.