

S. No. 2
1-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24281

State Office of Vital Statistics

State File No.

FILED AUG 5 1947

Primary Registration District No. 1002

Registrar's No. 2981

1. PLACE OF DEATH: **Jackson**

(a) County.....**Jackson**

(b) City or town.....**Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Kansas City Convelescent Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **1 year**
42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town..... **Kansas City** **3**
(If outside city or town limits, write "RURAL.")

(d) Street No. **4502 Montgall** **8**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mrs. Cora Ann McMULLEN**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11th**
year **1947** hour **2** minute **55 P.M.**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Thomas McMullen**

6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **April 29th, 1885 1884**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 1946**
to **July 10 1947**

that I last saw her alive on **July 10 1947**
and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Myocarditis, severe 2 yr. Sec. to Coronary heart disease**

8. AGE: Years Months Days If less than one day

63 68- 2 12 hr. min.

Due to.....

Due to.....

9. Birthplace **Strawberry Kan. 7**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife Home**

Other conditions **Senility and Stenoplegy**
(Include pregnancy within 3 months of death)

11. Industry or business

Name **Anthony Gieber**

Birthplace **Unknown Kan. 1**
(City, town, or county) (State or foreign country)

Maiden name **Unknown**

Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations **938**

Of autopsy.....

Underline the cause of which death should be charged statistically.

12. (a) Informant **Mrs. Harold Todd**

(b) Address **4502 Montgall, K.C. Mo.**

(c) Place: burial or cremation **Floral Hills**

(a) Signature of funeral director **Melody-McGilley-Eyler**

(b) Address **Kansas City, Mo.**

19. (a) **7-14-47** (Date received local registrar)

(b) **Shiraldine Holmes** (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no.**

(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?..... (c) Means of injury.....

23. Signature **Paul J. Slayton** (M. D. or other) **MO.**

Address **1025 Riata Bldg. K.C. Mo.** Date signed **7/12/47**

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

Copy by a FATHER 3-1947 Helms & Sons

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 2981

On this 2 day of September, 1947, before me appears Mrs.
Harold Todd, who, upon he oath, states that the original record of ^{birth} death
for Cora Ann Mc Mullen, died July 11, 1947, in the State of
Missouri, and which was filed at Kansas City, Mo. on 7-14-47, 19 , should be corrected as follows:

- Item No. 7 should read April 29, 1884
Instead of April 29, 1885
- Item No. 8 should read 63 -2- 12
Instead of 62-2-12
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Mrs Harold Todd Daughter
Relationship: Daughter
7502 Montyall
Present Address.

Subscribed and sworn to before me this 2 day of September, 1947

My Commission expires 12-12-48 Albert G. Long Notary Public.

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