S. No. 300
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v. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 136

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16723

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1040 Pennsylvania Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1040 Pennsylvania 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Huston Marvin Mullins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Mary Mullins

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March (Month) 10 (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	1	20	hr. min.

9. Birthplace Gassville, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Geo. R. Mullins
13. Birthplace Evenshade (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Amanda Jane Walton
15. Birthplace Shelbyville (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mary Mullins
(b) Address 1040 Penn. Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri

19. (a) 5-8-48 (Date received local registrar) (b) Dolores Lamplins Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1948 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 29, 1948, to May 6, 1948;
that I last saw ~~he~~ alive on May 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 B

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 0

Signature M. Loveland (M. D. or other)

Address Joplin Mo Date signed 5/7/48

(Licensed Embalmer's Statement on Reverse Side)

48-5-446

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.