

FILED AUG 11 1948

Registration District No. 25

Primary Registration District No. 5099

Registrar's No. 10

1. PLACE OF DEATH

(a) County Bates
 (b) City or town Walnut Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 MILES NORTH of HUME MO.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Life -
years, months or days)

3. (a) PRINT FULL NAME Jessie Cleveland Mullies

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Lulu Mullies 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased March 22 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 7 If less than one day
 -hr. -min.

9. Birthplace Bates Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business _____

12. Name Jessie Mullies
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Martha
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu Mullies

(b) Address Foster, Mo.

17. (a) Burial (b) Date thereof 8 1 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodfin Cemetery

18. (c) Signature of funeral director Booth

(b) Address Butler, Mo.

19. (a) Aug 3 1948 (b) Fern Masterson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
 (c) City or town Foster
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1948 hour 9 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Fatal Gun Shot Wound
 Duration _____

Due to 12 gauge shot gun
fired by Ed Norbury
 Duration _____

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operation ground upper portion of sternum
 Of autopsy no
 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) homicide

(b) Date of occurrence July 29, 1948

(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?
farm home Walnut-Twp-Bates Co
 While at work? _____
(Specify type of place) (e) Means of injury gun wound

23. Signature John H. Underwood (M. D. or other)
 Address Butler, Mo. Date signed 7-30-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 2-48-926
Date Filed 8-10-48

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.....

Robert G. Steinbeck, Registered Apprentice No. 200
working under my personal supervision.

Signed John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler, 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.