

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22717  
Registrar's No. 91

Registration District No. 107

Primary Registration District No. 3019

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

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 28 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Dunklin 35  
(c) City or town Kennett Mo. 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 200 Randol St. 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William M. Mullen  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 20th  
year 1948 hour 1 minute 15. PM  
21. I hereby certify that I attended the deceased from 12 MAY  
1948 to July 20 1948  
that I last saw him alive on 20 July 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Helen Mullen  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased Feb. 29th 1892  
(Month) (Day) (Year)

Immediate cause of death Cerebral Embolism  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
56 4 21 hr. \_\_\_\_\_ min.

Due to Metastatic Carcinoma of Brain

9. Birthplace Jackson Kentucky  
(City, town, or county) (State or foreign country)

Due to Primary Carcinoma Site Unknown

10. Usual occupation Mechanic

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

Major findings: - Of operations \_\_\_\_\_

12. Name Adam Mullen

Of autopsy \_\_\_\_\_

13. Birthplace Brathet County Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Whitaker

15. Birthplace Brathet County Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Mullen

(b) Address 200 Randol St. Kennett Mo.

17. (a) Burial (b) Date thereof 7-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Lentz Service

(b) Address Kennett Mo.

19. (a) 7-28-1948 (b) Carl Husband  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Robert S. Green (M. D. or other) M.D.

Address 117 Oak St, Kennett, Mo Date signed 7/28/48

RECEIVED

District Health Officer No. 2,

District File Number 848-965

Date Filed 8-2-48

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.....

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

working under my personal supervision.

Signed Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett m

**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.