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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28056

FILED AUG 23 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7428

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Louis Children's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 135 days (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME Darrell Ray Mullins
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 10 (Day) 1937 (Year)
8. AGE: Years 11 Months 3 Days 9 If less than one day hr. min.
9. Birthplace St Louis (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Brady Mullins
13. Birthplace Farmington, Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Florence Joyner
15. Birthplace ~~Florence Joyner~~ Knobloch, Mo (City, town, or county) (State or foreign country)
16. (a) Informant Brady Mullins
(b) Address Farmington, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington Mo
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) AUG 25 1948 (Date received local registrar) (b) J. F. Bracker (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 19 year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 6, 1948, to August 19, 1948; that I last saw him alive on August 19, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hematoma, extradural	
Cerebral contusions, severe	
Inanition cachexia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Apr 5 1948
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above (Specify type of place)
While at work? No (e) Means of injury: Fell from bicycle
23. Signature [illegible] (M. D. or other)
Address Children's Hosp Date signed 8/19

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dow L. Thurston

7428

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 Van M. Szemore

Licensed Embalmer No. 4343

P. O. Address St Louis 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.