

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29884

State File No. _____

FILED SEP 25 1948 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3741

1. PLACE OF DEATH:

(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: Research Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)

In this community 70 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 6912 Spruce Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John A. Mullins

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma A. Mullins

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

7. Birth date of deceased December 13, 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	8	29	hr. _____ min. _____

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

10. Usual occupation Lather Contracting

11. Industry or business _____

12. Name Mathew Mullins

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Francis Duncan

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Stumpff

(b) Address 2949 Cleveland

17. (a) Burial (b) Date thereof 9/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt; Washington Cem.

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 East 15th St.

19. (a) 9-13-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3:00 PM - 9-12-48
9:30 am 9-12-48 to 9-12-48, 19____

that I last saw him alive on 9-12-48, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac decompensation

Due to Senility

Due to _____

Other conditions 950
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy as above only

Duration _____

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? _____

23. Signature _____ (Specify type of place) _____
While at work? _____ (e) Means of injury _____

Address A.C.M.D. Date signed 9-13-48

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

MOTHER, FATHER

*Dr. Orwood
profficiency.*

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.....

James W. Eays....., Registered Apprentice No. *203*
working under my personal supervision.

Signed *John B. Eays*.....
Licensed Embalmer No. *2455*
P. O. Address *19-C, 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.