

FILED MAY 19 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **16049**
1933
Registrar's No. **1933**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 35 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
		d. STREET ADDRESS (If rural, give location) 7417 Washington	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Francis c. (Last) Mullen		4. DATE OF DEATH (Month) (Day) (Year) May 1, 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Feb. 16, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 76
11a. FATHER'S NAME unknown		11b. MOTHER'S MAIDEN NAME unknown	11. BIRTHPLACE (State or foreign country) Maryland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-16-2755	12. COUNTRY OF WHAT COUNTRY? U. S. A.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		17. INFORMANT'S SIGNATURE OR NAME Mrs. Thelma M. Waite ADDRESS 8 E. 44th. St.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertensive encephalopathy		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive cardio vascular renal disease		INTERVAL BETWEEN ONSET AND DEATH 10 days	
DUE TO (c) disease		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 22, 1949 , to May 1, 1949 , that I last saw the deceased alive on May 1, 1949 and that death occurred at 11:40P m. , from the causes and on the date stated above.			
23a. SIGNATURE Carl H. Reitz - M.D.		23b. ADDRESS 404 1/2 W. 75th. St.	
23c. DATE SIGNED 5-2-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-4-49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
DATE REC'D BY LOCAL REG. 5-3-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Stine & Mc Clure ADDRESS K. C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed:

Licensed Embalmer No.

P. O. Address

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.

as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

rise to the above cause (a) stating the underlying cause last.

DUE TO (6) *Vascular disease of heart*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

442X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

no record 5-5-49

20. AUTOPSY?

YES NO

21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY

(Month) (Day) (Year) (Hour)

m.

21e. INJURY OCCURRED

WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 22, 1949*, to *May 1, 1949*, that I last saw the deceased, alive on *May 1, 1949*, and that death occurred at *11:40 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE

Carl H. Reitz

(Degree or title)

23b. ADDRESS

404 1/2 W. 75th St

23c. DATE SIGNED

5-2-49

24a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24b. DATE

5-4-49

24c. NAME OF CEMETERY OR CREMATORY

Memorial Park

24d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

DATE REC'D BY LOCAL REG.

5-3-49

REGISTRAR'S SIGNATURE

Sheraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE

STINE & McCLURE

ADDRESS

Kansas City, Mo.

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

1949
S-16049

Signed

May E. Meyer

Licensed Embalmer No. 4555

P. O. Address K. 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.