

FILED JUN 10 1946

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 72

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
530 CALDWELL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO
(Specify whether
In this community YEARS
years, months or days)

3. (a) PRINT FULL NAME CATHERINE B. MULLIN

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased JAN. 4 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 23 hr. min.

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

10. Usual occupation RETIRED

11. Industry or business APARTMENT MANAGER

12. Name JOHN GRIFFING

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

14. Maiden name FRANCES ELLIS

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

16. (a) Informant Mrs. May Davis

(b) Address 530 CALDWELL EXCELSIOR SPRINGS, MO.

17. (a) BURIAL (b) Date thereof 5-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Blonde Richard

(b) Address EXCELSIOR SPRINGS, MO.

19. (a) 5/27/46 (b) Barbara Butcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24
(c) City or town EXCELSIOR SPRINGS 1
(If outside city or town limits, write "RURAL")
(d) Street No. 530 CALDWELL 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27th
year 1946 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 5,
1944, to May 27th, 19 46
that I last saw her alive on May 24th, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Uterus & general
metastasis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

1 1/2 yrs

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?

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

23. Signature Dr. M. M. Bracken (M. D. or other)

Address Exelsior Spg. Mo. Date signed 5/27/46

W2

(Licensed Embalmer's Statement on Reverse Side)

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

14943

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-2-46

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 _____

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.