

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Tarkio
(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 50 yrs (Specify whether years, months or days)
In this community 50 yrs

3. (a) PRINT FULL NAME

BESSIE MYRTLE MULLEN

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-12-2607

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Fred Douglas Mullen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 19 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation at Home

11. Industry or business _____

12. Name Samuel Davis
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Weddle
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fern Roberts
(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 8/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) Aug 12-46 (b) Mrs. H. J. Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Tarkio
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1946 hour 1 minute 40 a. M.

21. I hereby certify that I attended the deceased from 7-16-46 to 8-1-46, 19____; that I last saw her alive on 7-31-46, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 6 hr.
Due to Carcinoma of Lung 6 mo.
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 479 Of autopsy _____
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 II

23. Signature D. C. L. Barnard Address Tarkio, Mo. Date signed 8/3/46

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

**DISTRICT HEALTH OFFICE
Cameron, 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John M. Davis

Licensed Embalmer No..... **2394**

P. O. Address..... **Tarkio, 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.