

Registration District No. 198

Primary Registration District No. 3011

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
James Joseph Mullen
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 8 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County RF9
(c) City or town Chariton 13
(If outside city or town limits, write "RURAL")
(d) Street No. 1226 Commercial Ave
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Joseph Mullen

3. (b) If veteran, name war World war 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Aug 23 1890
(Month) (Day) (Year)

8. AGE: Years 30 Months 8 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Invalid for several years

11. Industry or business Helped in cafe

12. Name William Mullen

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

14. Maiden name Margaret McCallister

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

16. (a) Informant Margaret Dowdard

(b) Address 1226 Commercial Ave

17. (a) Removal (b) Date thereof 5-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chariton Iowa

18. (a) Signature of funeral director Clarence Baichner

(b) Address Excelsior Springs, Mo.

19. (a) May 9-1941 (b) Mrs. W. M. Cracker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9
year 41 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 3-1941
to May 9 1941

that I last saw him alive on May 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis & atherosclerosis
Due to arterio coronary sclerosis
Due to _____

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations E.K.C.

Of autopsy _____

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? Excelsior Springs, Clay, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature John Thawre (M. D. or other) _____

Address Excelsior Springs, Mo. Date signed 5-9-41

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

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/

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-10-41

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 Claude Richard
Licensed Embalmer No. 2757
P. O. Address Excelsior Springs

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.