

No. 24
-1-4-41
-17-39
X28390

FILED AUG 11 1941

Registration District No. **470**

Primary Registration District No. **5633**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Mount Vernon** *Twp*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **245 days**
(Specify whether years, months or days) **0**

3. (a) PRINT FULL NAME **Dallie Mullen**

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 **Married**
6. (b) Name of husband or wife **George H. Mullen** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **July 17th, 1893**
(Month) (Day) (Year)

8. AGE: Years **47** Months **11** Days **29** If less than one day hr. min.

9. Birthplace **Atlanta** **Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Gardner Lawrence**
13. Birthplace **Unknown** **Alabama**
(City, town, or county) (State or foreign country)
14. Maiden name **Malissa Kennedy**
15. Birthplace **Unknown** **Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**
(b) Address **Missouri STATE Sanatorium**

17. (a) **Removal** (b) Date thereof **July 16, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kansas City, Mo**

18. (a) Signature of funeral director **Mount Vernon, Missouri**
(b) Address **Missouri**

19. (a) **7-15-1941** (b) **P. A. Hallock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **047**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **5627 Charlotte**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July 14** day **14**
year **1941** hour **6:05** minute **P** M.

21. I hereby certify that I attended the deceased from **Nov. 14, 1940** to **July 14, 1941**
that I last saw her alive on **July 14, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death

Ac. Cordiac
Due to **Asthenia**

Due to **135**

Other conditions (Include pregnancy within 3 months of death)

Summary: Liver enlarged
Major findings:
Of operations
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature **D. Mullen** (M. D. or other) **D**
Address **Mount Vernon** Date signed **7-14-41**

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

421

SEP 25 1942

RECEIVED
District Health Officer No. 6,
District File Number 841-1331
Date Filed AUG 7 1941

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.....

Max Fossitt....., Registered Apprentice No. 268
working under my personal supervision.

Signed Max Fossitt.....

Licensed Embalmer No. 2201.....

P. O. Address Mt Vernon 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.