

No. 2
-4-41
17-39
X26390

DEC 22 1941 3 99

Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mo and 8 days
(Specify whether years, months or days) 1 mo + 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 524 Caldwell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year _____ hour 9:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from Nov 22
1941 to Nov 22, 1941
that I last saw him alive on Nov 22
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Lymphatic
Gonorrhea
Due to _____
Due to 74a
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy Same
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Michael Mullikin

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced -9

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

7. Birth date of deceased November 9 1939
(Month) (Day) (Year)

8. AGE: Years 2 Months - Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Franklin Mullikin

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

14. Maiden name Mary Patton

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

16. (a) Informant J. T. Mullikin
(b) Address 524 Caldwell, Excelsior Spgs., Mo.

17. (a) Removal (b) Date thereof 11-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.
18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Mo.

19. (a) 11-23-41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

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 W. S. Soderberg (M. D. or other) _____
Address 1316 Pringle Date signed _____

Nov-22-41

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..... *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address *Excelsior Spgs, 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.