

FILED MAR 18 1942
Registration District No. **25**

Primary Registration District No. **3009**

Registrar's No. **52**

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
437 rear N. Middle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **5 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Martha Lee Mullen**
3. (b) If veteran, name war. **-----**
3. (c) Social Security No. **-----**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jake Mullen, Jr.** 6. (c) Age of husband or wife if alive **33** years
7. Birth date of deceased **January 25, 1916**
(Month) (Day) (Year)

8. AGE: Years **26** Months **0** Days **15** If less than one day hr. **1** min.

9. Birthplace **Leighton, Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **-----**

MOTHER FATHER
12. Name **Willie McClain**
13. Birthplace **(Unknown) Alabama**
(City, town, or county) (State or foreign country)
14. Maiden name **Sweet McCord**
15. Birthplace **(Unknown) Alabama**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jake Mullen, Jr.**
(b) Address **437 rear N. Middle St. Cape Girardeau, Mo.**

17. (a) **Removal** (b) Date thereof **Feb. 13, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Leighton, Alabama**

18. (a) Signature of funeral director **F. J. Sparks**
Cape Girardeau, Mo.
(b) Address

19. (a) **2-12-42** (b) **F. W. Phelps**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL")
(d) Street No. **437 rear N. Middle**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-----**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **9**
year **1942** hour **4** minute **15** P. M.

21. I hereby certify that I attended the deceased from **1-23-1942** to **2-8-1942**
that I last saw her alive on **2-8-1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia** Duration **3 wks.**
Due to **Post-Operative Infection (abdominal)**

Other conditions (Include pregnancy within 3 months of death)

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? **-----** (c) Means of injury **-----**

23. Signature **W. A. Lingal** (M. D. or other) **-----**
Address **17 N. Sprigg St. Cape Girardeau, Mo.** Date signed **2-10-42**

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

RECEIVED

District Health Officer No. 4

District File Number 342-359

Date Filed 3-13-42

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

Frank Sparks

Licensed Embalmer No.

3455

P. O. Address

Cape Girardeau

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6203

Registration District No. 125

Primary Registration District No. 3009

Registrar's No.

1. PLACE OF DEATH: Cape Girardeau
 (a) County Cape Gir.
 (b) City or town Cape Gir.
 (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 _____ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Martha L Mullen
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb Day _____
 year 1942 hour _____ minute _____ M.

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 25 1914
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw him/her alive on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death
Post-operative infection (Abdominal)

8. AGE: Years 26 Months - Days 17 (If less than one day, in min.)

Due to Dysosalpinx
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

Due to _____
 Other conditions _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

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) _____
 Means of injury _____

23. Signature W. A. Singal (M. D. or other) _____
 Address 17N. Spring St Cape Girardeau Date signed 2-10-42

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.