

FILED MAY 29 1942

5394

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
 (c) City or town Near Willow Springs.
(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 Fred Mullins

3. (b) If veteran, name war..... 3. (c) Social Security No. 496-10-6742

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 October 20, 1913
(Month) (Day) (Year)

8. AGE: Years 28 Months Days If less than one day
hr. min.

9. Birthplace Howell County, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

12. Name Lewis David Mullins

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

14. Maiden name Mackey Sells

15. Birthplace Howell Co., Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis David Mullins

(b) Address Willow Springs, Mo.

17. (a) (b) Date thereof 5-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOFFIT CEMETERY

18. (a) Signature of funeral director Burns & Sons

(b) Address Willow Springs, Mo.

19. (a) (b) (c) (Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st.
 year 1942 hour 3 P.M. minute..... M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....

that I last saw him..... alive on....., 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death Drowning.

Due to Boat Capsizing.

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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 May 21st. 1942

(c) Where did injury occur? Knoblett Lake
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public State Lake.

While at work? No. (Specify type of place).....
 (e) Means of injury.....

23. Signature Clarence V. Clinkenbeard, Coronor
 Address Ava, Mo. Burns Date signed 5/22/42
(M. D. or Other)

46

0

1

(Yes or No)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

034

3

5/22/42

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

X29484

400

1056

Deputy

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: *D.R. Burns*

Licensed Embalmer No. *1837*

P. O. Address: *Willow 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17879

Registration District No. 101

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Rural
(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 years, months or days)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Fred Mullins

3. (b) If veteran, name war _____

3. (c) Social Security No. 496-10-6742

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct - 20 - 1955
(Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 14 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of 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) 10-1-42 (b) Helms S. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howell

(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 21 year 1942 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her _____ days on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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)
(e) Means of injury _____

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

Address _____ Date signed _____

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.

