

X32873

FILED MAR 31 1948 49
 Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1402

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
 In this community 40 years

3. (a) PRINT FULL NAME Clara Mullen
 3. (b) If veteran, name war No
 3. (c) Social Security None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Edward N. Mullen
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased August 10 1859
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>83</u> | <u>7</u> | <u>11</u> | <u>hr. min.</u> |

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
 12. Name John W. Houtz
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Amanda Mominee
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Harry H. Evans
 (b) Address Camp Carson, Colorado

17. (a) Burial (b) Date thereof 3-23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Mo.

19. (a) 3/22/43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 622 Benton
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
 year 1943 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-18-43, 19____, to 3-21-43, 19____;
 that I last saw her alive on 3-21-43, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to Senility

Due to _____

Other conditions None
(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)
 (c) Means of injury _____
 23. Signature Henry R. Show (M. D. or other) _____
 Address Med. Dir. K.C. General Hospital Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.....

Clarence W. Chiles

Licensed Embalmer No.

2473

P. O. Address.....

96 e No

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.