

FILED MAY 10 1945

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 145

14
 1
 2

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hosp. #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Some Sept 11-1940
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Cooper
 (c) City or town Bumetan 11
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. 1
 (If rural, give location) 2
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Josephine Mullett
 3. (b) If veteran, name war -
 3. (c) Social Security No. -

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 28
 year 1945 hour 4 minute 15 P. M.
 21. I hereby certify that I attended the deceased from previous day minutes
Sept 11 1940, to April 28 1945
 that I last saw h. as alive on April 28 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Clifford E. Mullett
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased July 8 1877
 (Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration

8. AGE: Years Months Days If less than one day
69 10 20 hr. min.

Due to Generalized arteriosclerosis
 Due to 10/30

9. Birthplace near Bumetan Mo. (D)
 (City, town, or county) (State or foreign country)

Other conditions Post traumatic Epilepsy
 (Include pregnancy within 3 months of death)

10. Usual occupation house wife

Major findings: none
 Of operations

11. Industry or business

MOTHER FATHER { 12. Name Benjamin Doran
 13. Birthplace va (State or foreign country)
 14. Maiden name Lucy Daniels
 15. Birthplace England (State or foreign country)

Of autopsy none granted
 Underline the cause to which death should be charged statistically.

16. (a) Informant Hosp. records

22. If death was due to external causes, fill in the following: 014

17. (a) Bumetan (b) Date thereof April 28-45
 (City or town) (Month) (Day) (Year)
 (c) Place: burial or cremation Bumetan

(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?

18. (a) Signature of funeral director P. A. Parker

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

(b) Address Bumetan Mo

23. Signature P. S. Tate cert. Supt. for (M. D. or other)
Dr. H. E. Shultz
 Address State Hosp. #1 Date signed 4-28-45

19. (a) Apr. 28, 1945 (b) Josie M. Mullett
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-9-45

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 _____

myself

Registered Apprentice No. _____

working under my personal supervision.

TSB

Signed _____

P. M. Parker

Licensed Embalmer No. 25-47

P. O. Address Birmingham 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.