. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19616

Registrar's No. 2538

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 Days (Specify whether years, months or days)
In this community: 32 years

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.: 2436 Norton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Lafeyett F. Mullin
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Gertie Mullin
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: Oct. (Month) 17th, (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	26	hr. min.

9. Birthplace: (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Self
FATHER
12. Name: John Mullin
13. Birthplace: (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Frona Davis
15. Birthplace: (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Gertie Mullin
(b) Address: 2436 Norton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cem.
18. (a) Signature of funeral director: Earp Funeral Home
(b) Address: 4139 East 15th, St.
19. (a) 6-14-45 (Date received local registrar) (b) Geraldine Helmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1945 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 5, 1945 to June 13, 1945; that I last saw him alive on June 13, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
arteriosclerotic heart disease	
cardiac decompensation	
Due to renal failure (due to the heart disease)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 93 d	
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? (e) Means of injury
23. Signature: Clark W. Seely M.D. (M. D. or other)
Address: Med. Dir. K.C. General Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John B. Carp

Licensed Embalmer No. 2955

P. O. Address K.C. 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.