

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29815**
Registrar's No. **3734**

FILED SEP 20 1945

Registration District No. 179 Primary Registration District No. 1002

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:
1211 Benton Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME Victor De Paul Mullin

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 496-09-1637

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Mullin 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased June 2 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business _____

12. Name Phillip Mullin

13. Birthplace Washington D.C.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine McGillicuddy

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

16. (a) Informant Mrs. Gertrude Mullin

(b) Address 1211 Benton Blvd.

17. (a) Burial (b) Date thereof 9-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. J. O'Donnell Co. While at work? _____ (Specify type of place)

(b) Address 3256 Broadway (c) Means of injury _____

19. (a) 9-8-45 (b) M. Holmes
(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. 1211 Benton Blvd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 5th year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1941, 19 _____ to 9-5-45, 19 _____ that I last saw him alive on 9-4-45, 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death myocardial insufficiency

Due to Acute Indigestion

Due to _____

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

Major findings: 932

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? _____

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

Address 3309 1/2 Date signed 9-5-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Park S. Rowe.....

Licensed Embalmer No. 2347.....

P. O. Address K. E. 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.