

**FILED** MAR 13 1948  
Registrar's District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 954

**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:  
4102 Campbell  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution XX  
(Specify whether  
 In this community 36 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 8  
 (d) Street No. 4102 Campbell  
(If rural, give location)  
 (e) Citizen of foreign country? No U  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT MRS. EMMA RUTH MULLEN**  
**FULL NAME**  
 3. (b) If veteran, name war XX 3. (c) Social Security No. None  
 4. Sex Fe 5. Color or race Wh  
 6. (a) Single, widowed, married, 2 divorced Widowed  
 6. (b) Name of husband or wife Michael Mullen 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased February 12 1865  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Feb 24 day  
 year 1946 hour 11:00 minute P M.  
 21. I hereby certify that I attended the deceased from Nov. 24 1946 to Feb 24 1946  
 that I last saw alive on Feb 24 1946  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years Months Days If less than one day  
81 0 12 hr. \_\_\_\_\_ min.

Immediate cause of death  
Essential Hypertension  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
932

**9. Birthplace:** Beuna Vista Ohio  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Housewife

**11. Industry or business:** \_\_\_\_\_  
**MOTHER FATHER**  
 { 12. Name Nicholas Graham  
 { 13. Birthplace Pa. 1  
 { 14. Maiden name Catherine Van Der  
 { 15. Birthplace England 4  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant:** Florence Mullen  
**(b) Address:** 4102 Campbell

**17. (a) Burial** (b) Date thereof 2-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sedalia, Mo.

**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? \_\_\_\_\_

**18. (a) Signature of funeral director:** J.W. Wagner  
**(b) Address:** Kansas City, Mo.

**19. (a) 2-25-46** (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
**23. Signature:** [Signature] (M. D. or other)  
 Address [Address] Date signed 2/27/46

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

Print  
V1-1105

---

---

**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..... *Cecil R. Matthes* .....  
Licensed Embalmer No..... *3807* .....  
P. O. Address..... *Kansas City 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.**