

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **313**

1. PLACE OF DEATH:

(a) County **Boone**
 (b) City or town **Columbia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Brady Convalescent Home**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 Years** (Specify whether
 In this community **8 Years**
 years, months or days)

3. (a) PRINT FULL NAME **DORA FLORENCE MULL**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Noah Webster Mull** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **8 - 24 - 1860**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	3	28	_____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Albert Baughman**

13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

14. Maiden name **Catherine VanOsdol**

15. Birthplace **Shelbyville Tenn.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. George Helm**

(b) Address **614 W. Broadway, Columbia, Mo.**

17. (a) **Removal** (b) Date thereof **12-23-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Topeka, Kansas.**

18. (a) Signature of funeral director **Carver Funeral Service**

(b) Address **Columbia, Mo.**

19. (a) **12-23-46** (b) **Mrs. P.E. Palmer**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
 (c) City or town **Columbia**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **614 W. Broadway**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **22**
 year **1946** hour **6** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Mar. 16, 1945 to Dec. 22, 1946**
 that I last saw her alive on **Dec. 22, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma breast, Right.**
 Duration _____

Due to **Pulmonary metastases.**

Due to _____

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

Major findings: **50**
 Of operations _____
 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? _____

While at work? **No** (Specify type of place) (e) Means of injury _____

23. Signature **Edmund Helm** (M.D. or other) _____

Address **Columbia, Mo.** Date signed **1/23/47**

WHILE FILING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
JAN 5 1947
Date Filed

MAY 7 1951

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 *Chas L. Young*

Licensed Embalmer No. *4132*

P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.