

S. No. 2
1-8-43
5-17-39
P X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37027**
Registrar's No. **44**

FILED DEC 13 1947
Registration District No. **30**

Primary Registration District No. **4038**

1. PLACE OF DEATH:
(a) County **Benton**
(b) City or town **Warsaw**
(c) Name of hospital or institution: **Benton Co. Clinic**
(d) Length of stay: In hospital or institution **8 Mo 15 Min**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Benton**
(c) City or town **Rural**
(d) Street No. **West 8 Warsaw, Mo. about 12 miles**
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **LARRY LEROY MULLENS**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 3 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 8 hr. 15 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **Clan Mullens**
13. Birthplace **Genney Missouri**
14. Maiden name **Wendy Bledsoe**
15. Birthplace **Buckner Illinois**

16. (a) Informant **Clan Mullens**
(b) Address **Warsaw, Mo. Rufflet St. back road**

17. (a) **Burial** (b) Date thereof **Dec. 4, 1947**
(c) Place: burial or cremation **Stacy Stone Cemetery**

18. (a) Signature of funeral director **W. S. Logan**
(b) Address **Warsaw, Missouri**

19. (a) **12/6/47** (b) **Jas. A. Logan**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **3**
year **1947** hour **7** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Dec 3 1947** to **Dec 3 1947**
that I last saw him alive on **Dec 3, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Overall postman failure**
Duration **8 hr**

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy **157E**

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? _____ (Specify type of place)
(e) Means of injury **2**

23. Signature **W. S. Logan** (M. D. or other) **DO**
Address **Warsaw Mo** Date signed **12/3/47**

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

RECEIVED
Director, Health Officer No. 7,
11-47-1415
Director File Number
12-10-47
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.