

FILED OCT 7 1946

Primary Registration District No. **6022**

Registrar's No. **92**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Rural Richmond Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#1, Rayville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **81 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ray** **89**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D.#1, Rayville, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT **Louisa J. Mullins**
FULL NAME

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 **Stephen Mullins**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **July 4, 1865**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **22nd**
year **1946** hour **4** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **4 June**, 19**46** to **22 Sept**, 19**46**
that I last saw **her** alive on **22 Sept**, 19**46**
and that death occurred on the date and hour stated above.
Immediate cause of death **Apoplexy** Duration **3 hrs**

8. AGE: Years Months Days If less than one day
81 **2m** **18** hr. min.

Due to **Arteriosclerosis**
Due to **?Senility**

9. Birthplace **Ray County, Mo.**
(City, town, or county) (State or foreign country)

Other conditions **myocarditis**
(Include pregnancy within 3 months of death)

10. Usual occupation **Housekeeper**

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

11. Industry or business

12. Name **William Burgess**

13. Birthplace **Ray County, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Ray County, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ben F. Mullins**

(b) Address **Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **9/24/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunny Slope Cem.**

18. (a) Signature of funeral director **Quest-Lile F. Home**

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

19. (a) **Sept 23 - 46** (b) **Mabel Jackson**
(Date received local registrar) (Registrar's signature)

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 **J. F. Gaskill M.D.** (or other)

Address **Richmond, Mo** Date signed **25 Sept 46**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-5-26

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 Louis Forest

Licensed Embalmer No. 4096

P. O. Address Richmond

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.