

Georgetown News - April 4, 1952

Albert Mullen Dies

Albert Mullen, 79, died at 11 a. m. Monday at the John Graves Ford Memorial hospital here. A native of Harrison county, he was a member of the Methodist church.

Survivors include two daughters, Mrs. Bertha Luttrell, Scott county, and Mrs. Bessie Burgess, Georgetown; three sons, George Albert and Jasper Mullen, Lexington, and Eddie Mullen of Georgetown; three sisters, Mrs. Sanford Hill, Hamilton, Ohio; Mrs. Martha Johnson, Scott county, and Mrs. Carrie Elliott, Rushville, Ind., and two brothers, Henry Mullen, Rushville, Ind., and Zeke Mullen, Bourbon county.

Funeral services will be conducted at 2 p. m. Wednesday at the Tucker funeral home by the Rev. J. E. Shouley. Burial will be in the Jacksonville cemetery in Bourbon county.

Pallbearers will be Buford, Albert and Russell Johnson, Clayton and Porter Duncan and Roe Mullen. The body is at the funeral home.

Mullen, Albert Nelson 1872 - 1952

Form V. B. 1-A		COMMONWEALTH OF KENTUCKY		52	6202
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116	REGISTRAR'S NO. 27
Registration District No. 1330		Primary Registration District No. 2515			
1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) Georgetown		c. LENGTH OF STAY (in this place) 21		c. CITY (If outside corporate limits, write RURAL and give township) Georgetown, rural	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) John Graves Ford Hospital		d. STREET ADDRESS (If rural, give location) Etter Lane			
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) Mullen		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) March 31, 1952		5. SEX Male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 16, 1872		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY farm laborer		11. BIRTHPLACE (State or foreign country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Jordan Mullen		14. MOTHER'S MAIDEN NAME Betty Turner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Jasper Mullen	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 10 days
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis			DUE TO (c)
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X-070-16			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-21, 1952 to 2-31, 1952 that I last saw the deceased alive on 3-31, 1952 and that death occurred at 10 A m. from the causes and on the date stated above.					
23a. DATE SIGNED 4-1-52		23b. ADDRESS Georgetown		23c. SIGNATURE R. S. Alphin M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-2-52		24c. NAME OF CEMETERY OR CREMATORY Jacksonville Cemetery	
24d. LOCATION (City, town, or county) (State) H Bourbon Co., Ky.		25a. DATE REC'D BY LOCAL REG. 4-2-52		25b. REGISTRAR'S SIGNATURE Wren Smeland	
25c. FUNERAL DIRECTOR G. B. Tule		25d. ADDRESS Georgetown Ky.			