

The Lexington Herald - February 4, 1946

Mrs. E. T. Mullen
PARIS, Ky., Feb. 3 (Special) —
Mrs. Lena Ransdell Mullen, 73,
died at her home on Route 5, Paris,
at 4:30 p. m. today after a short ill-
ness. She was a daughter of the
late Shelton and Susan McDonald
Ransdell.
Survivors include her husband,
E. T. Mullen; two daughters, Mrs.
Burgiss Lawson, Lincoln county,
and Mrs. Thomas Fuller, Fayette
county; two sons, Monroe Mullen,
Scott county, and Frank Mullen,
Bourbon county; three brothers,
Frank Ransdell, Bourbon county,
Albert Ransdell, Harrison county,
and Forrest Ransdell, Greenfield,
Ohio; 16 grandchildren and 21
great-grandchildren.
Funeral services will be conduct-
ed at the Centerville Methodist
church at 2:30 p. m. Tuesday by the
Rev. Mr. Phelps. Burial will be
in the Jacksonville cemetery.
The body is at the residence.



Mullen, Lena Ellen Ransdell 1870 - 1946

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COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 32
Registrar's No. 32

Form V. & 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 90 Primary Registration District No. 4201

1. PLACE OF DEATH:
(a) County Bourbon
(b) City or town Rural
(c) Name of hospital or institution:
Route #5 Paris
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Bourbon
(c) City or town Rural
(d) Street No. Route #5 Paris
(e) If foreign born, how long in U. S. A. T. _____

3(a) FULL NAME Mrs Lena Ransdell Mullen
3(b) If veteran, _____ 3(c) Social Security No. _____
4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife E. T. Mullen
6(c) Age of husband or wife if alive 78 Years
7. Birth date of deceased July 4, 1870
8. AGE: 75 Years 6 Months 29 Days
9. Birthplace Bourbon County Ky.
10. Usual occupation Housewife
11. Industry or business _____
12. Name Shelton Ransdell
13. Birthplace Bourbon County Ky.
14. Maiden name Susan McDonald
15. Birthplace Bourbon County Ky.
16(a) Informant's own signature E. T. Mullen
(b) Address Route #5 Paris, Ky.
17. BURIAL PLACE Jacksonville Cemetery Bourbon County Ky. Feb. 5, 1946
18(a) Signature of funeral director Davis Funeral Home
(b) Address Paris, Ky.
19(a) 2-5-46 (Date received by local registrar) Kavalettel On (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Feb. 3, 1946
21. I hereby certify that I attended the deceased from Jan 28, 1946 to Feb 2, 1946 that I last saw him alive on Feb 2, 1946 and that death occurred on the date stated above at 4:30P M.
Immediate cause of death Apoplexy DURATION _____
Due to arterio-sclerosis
Other conditions _____
Major findings:
Of operation _____
Of autopsy _____
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? in or about home, on farm, in industrial plant, in public place? _____
While at work? _____ (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Paris Ky. Date signed 2/1/46

NOTE: WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.