

Mullen, Richard M 1864 - 1944

N. B.—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.

**8491**  
 State File No.

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

Registrar's No. **63**  
**2040**

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

Registration District No. **90** ~~60~~ Primary Registration District No. **5501**

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**1. PLACE OF DEATH:**  
 (a) County **BOURBON**  
 (b) City or town **RURAL**  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution:  
**BOURBON COUNTY INFIRMARY**  
 (If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or community \_\_\_\_\_  
 (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **KENTUCKY**, (b) County **BOURBON**,  
 (c) City or town **RURAL**  
 (If outside city or town limits, write RURAL)  
 (d) Street No. \_\_\_\_\_  
 (If rural give precinct)  
 (e) If foreign born, how long in U. S. \_\_\_\_\_ years

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**3(a) FULL NAME** **RICHARD M. MULLEN**  
**3(b)** If veteran, \_\_\_\_\_ **3(c)** Social Security No. \_\_\_\_\_  
 Name war \_\_\_\_\_

**4. Sex** **MALE** **5. Color or race** **WHITE** **6(a)** Single, widowed, married, divorced **WIDOWED**

**6(b)** Name of husband or wife **SUSAN MULLEN**  
**6(c)** Age of husband or wife if alive \_\_\_\_\_ Years

**7. Birth date of deceased** **APR 2, 1864**  
 (Month) (Day) (Year)

**8. AGE:** Years **78** Months **11** Days **78** If less than one day hr. \_\_\_\_\_ min.

**9. Birthplace** **KENTUCKY**  
**10. Usual occupation** **FARMER**  
**11. Industry or business** \_\_\_\_\_

**FATHER**  
**12. Name** **J. M. MULLEN**  
**13. Birthplace** **KENTUCKY**

**MOTHER**  
**14. Maiden name** **BETTIE ANN TURNER**  
**15. Birthplace** **KENTUCKY**

**16(a)** Informant's own signature: *Chas M Mullen*  
**(b)** Address **SHAWHAN KENTUCKY**

**17. BURIAL, CREMATION, OR REMOVAL**  
 Place **JACKSONVILLE CEMETERY, MCH 22, 1944**

**18(a)** Signature of funeral director **SMITH-REES COMPANY**  
 BY *David R. Reed*  
**(b)** Address **CYNTHIANA, KENTUCKY**

**19(a)** **3-21-44** **(b)** *David R. Reed*  
 (Date received by local registrar) (Registrar's signature)

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**MEDICAL CERTIFICATION**

**20. DATE OF DEATH** **MARCH 20, 1944**  
**21.** I hereby certify that I attended the deceased from **Jan 1st, 1944** to **Mar 20, 1944** that I last saw him alive on **Mar 19, 1944** and that death occurred on the date stated above at **7 A. M.**  
 Immediate cause of death **Chronic Nephritis** DURATION **3 yrs**  
 Due to  \_\_\_\_\_  
 Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations **131 B**  
 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 place, in public place? \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
**23. Signature** *Geo. L. Rankin* (M. D. or other)  
 Address **14 W 5th St Paris, Ky** Date signed **3-21-44**