

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3624
Registrar's No. 3

Registration District No. 775

Primary Registration District No. 6070

N. B.—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.

1. PLACE OF DEATH **DECEASED**
(a) County St. Francois
(b) City or town R-1 Bonne Terre Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME LESTER LEE MULKEY
8. (b) If veteran, name war _____
8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 5
year 1940 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec. 15
1939, to Jan. 4, 1940
that I last saw him alive on Jan. 4, 1940
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife If _____
alive _____ years
7. Birth date of deceased June 1 1939
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia, right lower lung
Duration 2 days
Due to _____
Due to _____

8. AGE: Years _____ Months 7 Days 4
If less than one day _____ hr. _____ min.

Other conditions Impetigo contagiosa 1 month
(Includes pregnancy within 3 months of death)

9. Birthplace East Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None
11. Industry or business _____
12. Name Robert Lee Mulkey
13. Birthplace Crystal City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Beulah May Algona
15. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Robert Lee Mulkey
(b) Address Bonne Terre Mo. R-1
17. (a) Burial (b) Date thereof Jan 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Cemetery
18. (a) Signature of funeral director Benson Ind. Co.
(b) Address 213 Benham St. Bonne Terre
19. (a) Jan. 6, 1940 (b) N. W. Hawkins
(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? _____
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Maxim J. Haw, Jr. (M. D. _____)
Address Bonne Terre, Mo. Date signed 1-9-40

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 C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonnie Terrell

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, above space should be left blank.