

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 29 1944
Registration District No. 292

Primary Registration District No. 6000

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Ralls Twp
(b) City or town JASPER (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: J. N. E. of Vandaleia Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Ralls
(c) City or town JASPER TWN.
(If outside city or town limits, write "RURAL")
(d) Street No. 3 N.E. of Vandaleia Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMMA LEE MULHERIN

3. (b) If veteran, name war. 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 JAMES MULHERIN 6. (c) Age of husband or wife if alive, years 6
7. Birth date of deceased DEC. 6 1862
(Month) (Day) (Year)

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

9. Birthplace ST LOUIS MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name AUGUSTUS WEED
13. Birthplace PH. LADELPRIA PENN.
(City, town, or county) (State or foreign country)
14. Maiden name BETTY MRS. PIKE
15. Birthplace BOWLING GREEN - MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Mullerin
(b) Address Vandaleia, Mo.

17. (a) BURIAL (b) Date thereof FEB 25 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vandaleia Cemetery

18. (a) Signature of funeral director W.S. Foster
(b) Address Vandaleia Mo

19. (a) Feb 25 1944 Mrs. Carl Perkinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1944 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from February 15, 1944, to Feb. 23, 1944
that I last saw her alive on Feb. 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia
Due to Chronic Bronchitis

Due to
Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) Means of injury 0

23. Signature Phel Alfred (M. D. or other) _____
Address Vandaleia Mo Date signed 2/24/44

1123-2 R.

MAR 6 1944

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..... *J. S. Thaters*.....

Licensed Embalmer No. *4295*.....

P. O. Address..... *Vandalia Mo*.....

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.