S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 17 1946

State File No. 13519

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. [redacted] 8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Lees Summit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 412 East - 3rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Lees Summit
(If outside city or town limits, write "RURAL")
(d) Street No. 412 East 3rd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James A Mulligan
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Males
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Mulligan
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept. 5 - 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 1 If less than one day hr. min.
9. Birthplace Belleville (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business " "
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Edna Mulligan
(b) Address Lees Summit Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lees Summit Mo.
18. (a) Signature of funeral director N. B. Langford
(b) Address Lees Summit Mo.
19. (a) 1/9/46 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1946 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from 11-12, 1945 to 1-6, 1946 that I last saw him alive on 1-6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) Med
Address Lees Summit Mo. Date signed 1/7/46

183 (Licensed Embalmer's Statement on Reverse Side)

JUL 1 5 1946

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 W. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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.