

S. No. 2  
1-12-45  
7. 5-17-39  
I X47070

**FILED DEC 2 1946**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **5655**

**1. PLACE OF DEATH:**  
 (a) County Lawrence  
 (b) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 772 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Oregon **75**  
 (c) City or town Thayer  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Stella Grace Mulkey  
 3. (b) If veteran, name war no 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Nov. day 16th  
 year 1946 hour 8:45 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from Oct. 5, 1946, to Nov. 16, 1946  
 that I last saw her alive on Nov. 16, 1946  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 7 1892  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration About 7 yrs  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

**8. AGE:** Years 54 Months 4 Days 9  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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.

9. Birthplace East Prairie Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housework  
 11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 { 12. Name John Wesley Sweaney  
 { 13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Ellen Holt  
 { 15. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk  
 (b) Address Mo. State San. Mt. Vernon, Mo.  
 17. (a) Removal (b) Date thereof 11/17/46  
(burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Thayer Mo

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 \_\_\_\_\_

18. (a) Signature of funeral director Geo B Orr  
 (b) Address 217 W. 1st St. Mt. Vernon, Mo  
 19. (a) 11/17/46 (b) DR Philbrick  
(Date received local registrar) (Registrar's signature)

23. Signature CK Hellweg M. D. (M. D. or other) \_\_\_\_\_  
 Address Mount Vernon Mo Date signed 11-16-46

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

RECEIVED

District Health Officer No. 6,

District File Number 1146 - 1172

Date Filed NOV 29 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 George B. Orr

Licensed Embalmer No. 946

P. O. Address 7th Fernon 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.