

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1249**
Registrar's No. **301**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson City

(b) City or town Manassas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 309 Garfield 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days
(Specify whether years, months or days)

In this community 78 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Cora Alice Mulkey

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Lewis Mulkey

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 10 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace No Record
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Henry C Cobb

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Emma C. Richardson

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant James G. Mulkey Sr

(b) Address 2613 E-11 st

17. (a) Burial _____ **(b) Date thereof** Jan 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Foster

(b) Address 918 Brooklyn

19. (a) 1-21-47 Gertrude Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) Street Manassas (b) County Jackson

(c) City or town Manassas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2613 E-11
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1947 hour 4 minute 15 a. M.

21. I hereby certify that I attended the deceased from Dec 30
1946, to Jan 20, 1947.

that I last saw her alive on Jan 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia **Duration** 2 days

Due to _____

Due to _____

Other conditions Gastrointestinal malpny unknown
(Include pregnancy within 3 months of death)

Major findings: Malnutrition, anemia, senility

Of operations _____

Of autopsy 1/16 1947

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)

(e) Means of injury fall

23. Signature John M. Blaney (M. D. or other) Do

Address 205 Garfield **Date signed** 1/21/47

Wm. E. ...

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.....
Licensed Embalmer No.....
P. O. Address.....

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.