

FILED SEP 8 1948

Registration District No. 126

Primary Registration District No. 3026

Registrar's No. 256

1. PLACE OF DEATH:
 (a) County: **JACKSON**
 (b) City or town: **INDEPENDENCE**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RESIDENCE: 913 S. LOGAN
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **SEVEN YEARS**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **MISSOURI** (b) County: **JACKSON**
 (c) City or town: **INDEPENDENCE**
 (If outside city or town limits, write "RURAL")
 (d) Street No.: **913 S. LOGAN**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME: **MRS. NETTIE MAY 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: **WIDOWED**
 6. (b) Name of husband or wife: **XXXXXXX**
 6. (c) Age of husband or wife if alive: **XX XXX** years
 7. Birth date of deceased: **DEC. 15 1864**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 16 hr. min.

9. Birthplace: **LEAVENWORTH KANSAS**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **NONE**

11. Industry or business: **NONE**

12. Name: **ALEXANDER FREEZE**

13. Birthplace: **NO RECORD ALABAMA**
 (City, town, or county) (State or foreign country)

14. Maiden name: **MARTHA ANN HUGHES**

15. Birthplace: **NO RECORD ARKANSAS**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **MRS. BEULAH M. ZANG**

(b) Address: **913 S. LOGAN**

17. (a) **BURIAL** (b) Date thereof: **9-24-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **WOODLAWN CEMETERY**

18. (a) Signature of funeral director: *[Signature]*
 (b) Address: **815 W. MAPLE AVE.**

19. (a) **9-1-48** (b) *[Signature]*
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG 31** day **31**
 year **1948** hour **4** minute **20** A. M.

21. I hereby certify that I attended the deceased from **Aug 1**, 19**48**, to **Aug 31**, 19**48**
 that I last saw her alive on **Aug 30**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Senility**

Due to:

Due to:

Other conditions:

Major findings:

Of autops: **162 B**

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work:

23. Signature: *[Signature]* (M. D. or other) **9/1/48**
 Address: **Independence Mo** Date signed: **9/1/48**

Duration

PHYSICIAN

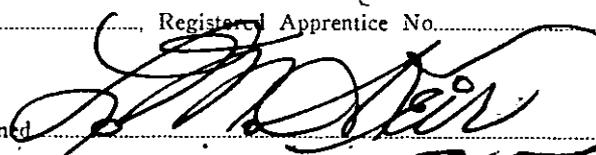
Underline the cause of which death should be charged statistically.

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

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. 3156.....

P. O. Address Indep 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.