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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35360**
Registrar's No. **882**

Registration District No. **316** Primary Registration District No. **2001**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **Burge Hospital**
(d) Length of stay: In hospital or institution **2 days**
In this community **years, months or days**

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

4. Sex **m.** 5. Color or race **w.**
6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife **Unknown**
6. (c) Age of husband or wife if alive **Unknown**
7. Birth date of deceased **Feb 7 1924**

8. AGE: Years **56** Months **8** Days **20** If less than one day hr. min.

9. Birthplace **Monett Mo.**

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER {
12. Name **William Henry Mulkey**
13. Birthplace **Unknown Mo.**
14. Maiden name **Marysue McCormick**
15. Birthplace **Unknown Tenn.**

16. (a) Informant **Carl Mulkey (son)**
(b) Address **523 Scott Monett Mo.**

17. (a) **Burial** (b) Date thereof **10-29-40**
(c) Place: burial or cremation **Pierce City, Mo**

18. (a) Signature of funeral director **Wessell**
(b) Address **Pierce City, Mo**

19. (a) **10-29-40** (b) **W. E. Handley MD**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County
(c) City or town **Monett**
(d) Street No.
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **27** year **1940** hour **11⁴⁵** minute **45 P.M.**
21. I hereby certify that I attended the deceased from **Oct 20 1940** to **Oct 27 1940**
that I last saw him alive on **Oct 27 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute peritonitis** Duration **7 days**
Due to **Perforation of Gastric ulcer** 7 day
Due to **chronic Gastric ulcer** 15 yrs
Other conditions **MMV**

PHYSICIAN
Major findings: **acute perforation of gastric ulcer**
Of operations
Of autopsy

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?
While at work? (Specify type of place)
(e) Means of injury
23. Signature **Fred R. Darthing** (M. D. or other)
Address **Springfield, Mo** Date signed **10-27-40**

WRITE PLAINLY—USE 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

William Wessell Jr

Registered Apprentice No. 1512

working under my personal supervision.

Signed

Wm Wessell Jr

Licensed Embalmer No. 1512

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.