S. No. 2
—11-10-39
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I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14169

Registration District No. 12 Primary Registration District No. 3009 Registrar's No. 139

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 4 hours. (Specify whether years, months or days)
In this community all its life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural (If outside city or town limits write "RURAL")
(d) Street No. Cape R.F.D. #1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Arnetta Mulkey
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 21 (Day) 1937 (Year)

8. AGE: Years	Months	Days	If less than one day
3	9	16	hr. ____ min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER 12. Name Thomas B. Mulkey
13. Birthplace Byrds Point (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Floral Mammon
15. Birthplace Egypt Mills (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Thomas B. Mulkey
(b) Address Cape Girardeau R.F.D. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Halda Chapel Cemet.
18. (a) Signature of funeral director J. E. Lanman
(b) Address Cape Girardeau, Mo.
19. (a) 4-8-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1941 hour 9 minute 52 P. M.
21. I hereby certify that I attended the deceased from Apr 7, 1941, to April 7, 1941; that I last saw h. alive on April 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Extensive 1st & 2nd degree burns 7 the entire body	3 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) Accidental Burns
(b) Date of occurrence April 7-1941 D.L.
(c) Where did injury occur? Cape Girardeau Co. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Home Burns
23. Signature Geo. Walker (M. D. or other) D
Address Cape Girardeau Mo Date signed 4/8-41

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

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, above space should be left blank.