

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15033

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 471
 (b) Township Pierce Primary Registration District No. 3634
 (c) City Pierce City (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 17 332. PRINT FULL NAME Fred Albert Mulvaney

(a) Residence, No. Pierce City (Rural) St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u> <u>Δ</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna Ruth Mulvaney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 1917</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>9</u>
		DAYS <u>3</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Chauffer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>1</u> Yr.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co. Mo.</u>		
FATHER	13. NAME <u>James Mulvaney</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Annie Expositc</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>James Mulvaney</u> <u>Pierce City R.R. 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cem.</u> DATE <u>4/21/41</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Niemeyer's</u> <u>Pierce City Mo.</u>		
20. FILED <u>4-21-41</u> <u>E. B. Wright</u> <u>Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18/41, 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw h. alive on , 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Drowned accidentally

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Edwin White, Owner(Address) Pierce City Mo.

182
72

RECEIVED

District Health Officer No. 6,

District File Number 541-713

Date Filed MAY 10 1946

1-25-4-00

RECEIVED
MAY 10 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Victor Hernandez

Licensed Embalmer No. 3822

P. O. Address Lucas City

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 471

Primary Registration District No. 5634

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pierce T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Fred Albert Mulvaney
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month 4 day 18 year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____

Immediate cause of death
Drowned accidentally
Due to These car was washed off the road by flood of water.
Other conditions (Include pregnancy within 3 months of death) _____

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 23 Months 9 Days 3 If less than one day _____ hr _____ min.

Major findings: 69
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (City, town, or county) (State or foreign country)

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 18, 1941
(c) Where did injury occur? Pierce City Lawrence Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes Public place Main st. of Pierce
While at work? No (Specify type of place) (e) Means of injury Drowned
23. Signature Edwin Wells (M. D. or other) Coroner
Address Pierce City Mo Date April 24, 1941

SUPPLEMENTARY

