

Registration District No. 677

Primary Registration District No. 4403

State File No. _____

Registrar's No. 15

1. PLACE OF DEATH:

- (a) County Phelps
 (b) City or town Near Rolla, Mo., Highway "66"
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Same as above.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community 1 month 20 days
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1022 A Bittner
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

John Thomas Mullady

3. (b) If veteran,

3. (c) Social Security

name war _____

No. _____

4. Sex Male

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 February 12 1919
 (Month) (Day) (Year)

8. AGE:

Years 22

Months 5

Days 1

If less than one day
 _____ hr. _____ min.

9. Birthplace

St. Louis

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Soldier - U. S. Army

11. Industry or business

Co B, 28th Bn ERTC 37057327

MOTHER FATHER

12. Name James Patrick Mullady

13. Birthplace Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant

Army Records

(b) Address

Fort Leonard Wood, Missouri.

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof

July 14, 1941

(Monthly) (Day) (Year)

(c) Place: burial or cremation

St. Louis, Mo.

18. (a) Signature of funeral director

[Signature]

(b) Address Rolla Funeral Home, Rolla, Mo.

19. (a) 7/14/41

(Date received local registrar)

(b)

[Signature]

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
 year 1941 hour 10 minute _____ P.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.

Immediate cause of death Hemorrhage into mediastinum.

Duration

Due to transverse rupture of the descending portion of the arch of the aorta. Sudden
 Due to Automobile accident.

Other conditions
 (include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy Rupture of arch of aorta.

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) Accident
 (b) Date of occurrence July 13, 1941
 (c) Where did injury occur? Near Rolla, Phelps, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 66, 3 mi. West of Rolla, Mo.
 (Specify type of place)
 While at work? No (e) Means of injury Automobile

23. Signature [Signature] (M. D. or other)

Address Sta. Hosp. Ft. Leonard Wood, Mo Date signed 7/14/41

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.....
....., 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2
39
28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22415-
Registrar's No. 187

Registration District No. 677

Primary Registration District No. 4403

1. PLACE OF DEATH: Phelps

(a) County Phelps

(b) City or town. (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

3. (a) PRINT FULL NAME John Thomas Mullady

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years _____ Months _____ Days _____ (If less than one day) hr. _____ min.

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 _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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 _____

20. DATE OF DEATH: Month July day 13 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into mediastinum

Due to transverse rupture of the descending portion of the arch of the aorta. Sudden auto mobile accident in Bridge

Other conditions 2 P.M. Highway 66

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Rupture of the aorta

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT - Auto Mobile

(b) Date of occurrence July 13, 1941 10:00 P.M.

(c) Where did injury occur? Highway 66 - 3 miles west of Rolla, MO.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway - State maintained (66)

While at work? NO (Specify type of place) Automobile on Bridge

(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTAL

MOTHER FATHER

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

S-22415

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.