

Registration District No. 1942

Primary Registration District No. L. 118A

Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Rural, St. Francois  
(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 1 1/2 days years, months or days

3. (a) PRINT FULL NAME Barbara Ann Mullianx

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 16th 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 1/2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Francois Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name David Mullianx  
13. Birthplace Esther Mo.  
14. Maiden name Erna Roberts  
15. Birthplace Grubb Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant David Mullianx

(b) Address Elvins, Rfd. 1 Mo.

17. (a) ~~Place of burial~~ (b) Date thereof 5/19/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Doe Run, Mo.

18. (a) Signature of funeral director Richard L. ...

(b) Address Farmington, Mo.

19. (a) 5-19-42 (b) Burdia Bukhmaster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Rural, St. Francois  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1942 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 16 1942, 19\_\_\_\_, to May 16 1942, 19\_\_\_\_; that I last saw h. in alive on May 16th 1942, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death ~~External~~ Internal hemorrhages, especially in brain, and stomach. Duration \_\_\_\_\_

Due to Premature birth

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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? \_\_\_\_\_ (City or town) (County) (State)  
(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 L. M. Stanfield (M. D. or other) DO  
Address Farmington Date signed 5/19/42

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

74  
0  
0

RECEIVED

District Health Officer No. 4  
District File Number 642-727  
Date Filed 6-11-42

**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.

*This body was not embalmed.*

Signed Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address Hamington 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, above space should be left blank.