

LED MAR 1 1943

Registration District No. **160** Primary Registration District No. **3030** Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Jefferson**

(b) City or town **Festus Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**

(c) City or town **Festus Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **103 N. Birch St.**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Charles Lee McNulty**

3. (b) If veteran, name war

3. (c) Social Security No. **489-03-4676**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Hazel McNulty (Wife)**

6. (c) Age of husband or wife if alive **29** years (Month) (Day) (Year) **1901**

7. Birth date of deceased **August 29 1901**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	5	20hr.min.

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

10. Usual occupation **Glass Worker P.P.G. Co.**

11. Industry or business

MOTHER FATHER

12. Name **Julius McNulty**

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

14. Maiden name **Kate Wilkerson**

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

16. (a) Informant **Mrs Hazel McNulty**

(b) Address **Festus Mo. 103 N. Birch St.**

17. (a) **Burial** (b) Date thereof **2-21-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rose Lawn Memorial Cem.**

18. (a) Signature of funeral director **H. E. Vinyard**

(b) Address **Festus Mo.**

19. (a) **2-19-43** (b) **H.P. Arney**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **19** year **1943** hour **3** minute **45** A.M.

21. I hereby certify that I attended the deceased from **3:30** to **4:45** and that death occurred on the date and hour stated above. Duration **1 1/2** hours.

Immediate cause of death **Heart Attack**

Due to **Due to hyper tension in my opinion**

Other conditions (include pregnancy within 3 months of death) **95C**

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)

(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) (d) Means of injury

23. Signature **H. E. Vinyard** (M. D. or other)

Address **Festus** Date signed **2/19/43**

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

50
3
1

1265

DEPT. OF HEALTH

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..... *H. St. Onge*

Licensed Embalmer No. *3010*

P. O. Address *Festus 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, fact should be so stated above.