

S. No. 2
DM-2-43
5-17-39
I X35697

14883

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 6 1943

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 121

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

65
0

1. PLACE OF DEATH:

(a) County Mercer County

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

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

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

In this community all her life
years, months or days

3. (a) PRINT FULL NAME Eliza V. Mulvania

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female

5. Color or race White

6. (g) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Feb. 28, 1876
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name William Taylor

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 Charley Constable

(b) Address Princeton, Mo

17. (a) Burial (b) Date thereof April 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Paul Jones

(b) Address Princeton, Mo.

19. (a) 4-22-43 (b) J. J. Kelly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

(c) City or town Princeton
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 18
1943 to April 19, 1943
that I last saw her alive on April 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the liver -

Duration 10 yrs

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) _____

(b) Date of occurrence _____

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)

(c) Means of injury _____

23. Signature Byron J. Cattel (M. D. or other) DO

Address Princeton, Mo Date signed 4-20-43

1117

JUN 29 1945

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.....

Hail Moss

Licensed Embalmer No.

2634

P. O. Address.....

Penetion 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.