

FILED OCT 13 1943
Registration District No. 275

Primary Registration District No. 6099

Registrar's No. 83

1. PLACE OF DEATH:

(a) County. Schuyler

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

(c) Name of hospital or institution:
Residence
(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. years, months or days) 1

3. (a) PRINT FULL NAME Danniel M Mulanix

3. (b) If veteran, name war. No

3. (c) Social Security No. MO

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Fannie 6. (c) Age of husband or wife if alive. 16 years (Month) (Day) (Year) 1858

7. Birth date of deceased. Mar 16 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business " " " "

12. Name Evan Mulanix

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dickerson

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Tidwell

(b) Address Queen City MO

17. (a) Burial (b) Date thereof. 9-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greentop Cemetery

18. (a) Signature of funeral director Wm A West

(b) Address Queen City MO

19. (a) Sept 25 1943 (b) Ch Justice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler

(c) City or town Queen City MO 198
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Prairie
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 24
year 43 hour 4 PM minute — M.

21. I hereby certify that I attended the deceased from Sep 23, 1943, to Sep 24, 1943
that I last saw him alive on Sep 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 2.

Due to —

Due to —

Other conditions 101
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations —

Of autopsy —

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) (e) Means of injury —

23. Signature O. P. Joyce (M.D. or other)
Address Queen City MO Date signed Sept 25

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

8000

1278

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 10-43-1699

Date Filed OCT 11 1943

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

Wm J West

Licensed Embalmer No. 2882

P. O. Address Queencity 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.