

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41419
Registrar's No. 328

FILED JAN 10 1943

Registration District No. 1843

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

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

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community Most of Life

2. USUAL RESIDENCE OF DECEASED: 98

(a) State Missouri (b) County Schuyler

(c) City or town Greentop
(If rural, give location)

(d) Street No. Rural Route

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

3. (a) PRINT FULL NAME Fannie Mullanix

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Samuel Mullanix

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

7. Birth date of deceased August 30 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	3	17	hr. _____ min.
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9. Birthplace Macon Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name James Stokes

13. Birthplace Taney Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Lea

15. Birthplace Macon Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Truber

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 12/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greentop, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Kirksville, Mo.

19. (a) 12/27/43 [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from 1942 to Dec. 17 1943
that I last saw her alive on Dec. 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis due to edema of lung
Pneumonia bacterial

Due to _____

Due to _____

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

Major findings: Of operations 93d

Of autopsy _____

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

Address Kirksville Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-44-21

Date Filed JAN 7 1944

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 Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kingsville 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.