

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7746
Registrar's No. 46

FILED MAR 15 1946

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
816 Hazel St. 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 Entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 816 Hazel St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Christina Josephine Mulhern
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 13
year 1944 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from
Jan 1 1943 to Jan 13 1944
that I last saw her alive on Jan 13 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Thomas E. Mulhern
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: December 24 1866
(Month) (Day) (Year)

Immediate cause of death Myocarditis
Duration _____

8. AGE: Years Months Days If less than one day
77 0 29 _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Nicholas Lemmer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs Dorothy E. Eyster
(b) Address 816 Hazel, Hannibal, Mo.
17. (a) Burial (b) Date thereof Jan. 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery

18. (a) Signature of funeral director Ray C. DeWants
(b) Address 100 Cedar, Hannibal, Mo.
19. (a) 1-27-44 (b) M. W. Connor
(Date received local registrar) (Registrar's signature)

23. Signature M. W. Connor (M. D. or other)
Address Hannibal, Mo. Date signed Jan 23

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.....

Roy P. Schwartz

Licensed Embalmer No. *1265*

P. O. Address *177. Broadway, Hamstead 17*

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.