

FILED APR 10 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 272

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1348 Texas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield,
(If outside city or town limits, write "RURAL.")

(d) Street No. 1348 Texas
(If rural, give location)

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

3. (a) PRINT FULL NAME Edmund C. Mulford

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th, year 1944 hour 8:00 minute A. M.

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Ida Mulford 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased August 27, 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Unattended by physician to _____

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

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

88 6 27 hr. min.

Immediate cause of death Probably Chronic Myocarditis

Due to _____

Due to _____

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

10. Usual occupation Carpenter

11. Industry or business _____

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

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER { 12. Name Thomas Mulford

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

14. Maiden name Doshia Albright

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ida Ratliff

(b) Address Springfield, Missouri

17. (a) Removal (b) Date thereof March 25, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laredo, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

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? _____

19. (a) 3-27-44 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

23. Signature S. W. Handley Registrar
Address Springfield, Mo Date signed 3/27/44

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..... *Lewis Scharf*

Licensed Embalmer No. *3802*

P. O. Address..... *Springfield, 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.