

FILED MAY 10 1945

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 139

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

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution CALLAWAY HOSPITAL 0  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

(c) City or town FULTON 141  
(If outside city or town limits, write "RURAL") 1

(d) Street No. SHORT ST. 2  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARCELLA MICKEY

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased April 7, 1945  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>17</u>	hr. _____ min.

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

10. Usual occupation BABY

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name WALTER MICKEY

13. Birthplace BLANDIN FIELD ILL  
(City, town, or county) (State or foreign country)

14. Maiden name DOROTHY PERRY

15. Birthplace JEFFERSON CITY MO  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS WALTER MICKEY

(b) Address FULTON, MO

17. (a) BURIAL (b) Date thereof APR. 26 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PIONEER FULTON, MO

18. (a) Signature of funeral director Glenn Y. Mangan

(b) Address 412 Cant St. Fulton, Mo.

19. (a) April 26 1945 (b) Joan M. Mankoff  
(Date received local registrar) (Registrar's signature)

1141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24,  
year 1945 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from 4/17 1945 to 4/24 1945.  
that I last saw her alive on 4/24 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death acute bronchopneumonia

Due to Aspiration of food

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none 10A

Duration + 12 hrs

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 \_\_\_\_\_

(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 Car

23. Signature Henry D. Mankoff (M. D. or other) MD

\*Address 2020 N. 1st St., Fulton, Mo. Date signed 4/25/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-9-45

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..... *Glen Y. Mauhin*.....

Licensed Embalmer No. 12725.....

P. O. Address Fulton, 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.