

FILED DEC 4 1945

State File No. ....

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 265

1. PLACE OF DEATH:

(a) County COLE  
(b) City or town JEFFERSON CITY, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
NEW MOON HOTEL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE  
(c) City or town JEFFERSON CITY, MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEW MOON HOTEL  
(If rural, give location)  
(e) Citizen of foreign country? NO  
If yes, name country

3. (a) PRINT FULL NAME

WILLIAM MULVILLE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced UNKNOWN  
(b) Name of husband or wife  
(c) Age of husband or wife if alive  
7. Birth date of deceased UNKNOWN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 28  
year 1945 hour 7 minute A M

~~Body was discovered~~  
~~Dead sometime after 10 AM~~  
that I last saw him alive on  
and that he died the date and at the place stated above  
Immediate cause of death

Infirmitates of age  
Due to old age. 90 yrs

Other conditions  
(include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(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 J. Leslie M.D. coronor  
Address Jefferson City Mo. Date signed 11-28-45

8. AGE: Years Months Days If less than one day  
ABOUT 90 hr. min.

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

10. Usual occupation NONE

11. Industry or business

12. Name UNKNOWN  
13. Birthplace UNKNOWN  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN

16. (a) Informant MRS. R. W. STOKES  
(b) Address JEFFERSON CITY, MO.  
17. (a) BURIAL (b) Date thereof 11/29/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESSURECTION CEMETERY  
18. (a) Signature of funeral director  
(b) Address JEFFERSON CITY, MO.  
19. (a) 11-28-45 (b) R. G. Norris MD  
(Date received local registrar) (Registrar's signature)

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

50-4

1437

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-8-45

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 Sylvester Sull  
Licensed Embalmer No. 4321  
P. O. Address Jefferson City, 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.