V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. DYER 42096

Registration District No. 274 Primary Registration District No. 5923 Registrar's No. 361

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia Rural Cedar Key
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. # 4.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.# 4 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Mary Elizabeth McNulty

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife W.A.McNulty

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

7. Birth date of deceased Oct. (Month) 5 (Day) 1854 (Year)

8. AGE: Years 91 Months 2 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Cooper Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name John Taylor
13. Birthplace Cooper Co. (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary E.Cockerel
15. Birthplace Cooper Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs.E.L.McClung

(b) Address Sedalia,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/45 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia

19. (a) 12-26-45 (Date received local registrar) (b) A J Campbell (Registrar's signature)

1446

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1945 hour noon minute ..... M.

21. I hereby certify that I attended the deceased from year 1908, 19..., to 12/23, 1945
that I last saw her alive on 12/22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature DP Dyer (M. D. ~~or other~~) MD

Address Sedalia Mo Date signed 12/23/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number _____

Date Filed 1-8-46

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 L. E. Boulelin

Licensed Embalmer No. 3867

P. O. Address Sedalia

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.