

BUREAU OF THE CENSUS
FILED JAN 13 1947

Registration District No. 177

Primary Registration District No. 3003

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1000 W. 6th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Monett 55
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1000 W 6th St 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None 1)

3. (a) PRINT FULL NAME Joseph Oliver Mulkey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race A 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Tupper Mulkey 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased October 19 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 2 If less than one day hr. 3 min.

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

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name William Henry Mulkey

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

14. Maiden name Margaret Mc Cormick

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

16. (a) Informant Mr Ella Mulkey

(b) Address 1000 W 6th St Monett Mo.

17. (a) Burial (b) Date thereof 12 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty-Lawrence Co Mo

18. (a) Signature of funeral director Backaway

(b) Address Monett Mo.

19. (a) 12-23-46 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1946 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 4, 1944, to Nov 21, 1946
that I last saw him alive on 12/20/46, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death
cerebral hemorrhage 1 with
hemiplegia Rt
Due to following several large
proliferous hemorrhages
with left hemiplegia
Due to Hypertension several yrs
Other conditions prostatitis several yrs
(Include pregnancy within 3 months of death)

Duration
1 with
large
several yrs
several yrs

Major findings:
Of operations 83A
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? _____ (c) Means of injury 0

23. Signature F. J. Manning Hoff (M. D. or other) _____
Address Monett Mo Date signed 12/21/46

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

0000

39989

160

RECEIVED

District Health Officer No. 6,

District File Number 147-19

Date Filed JAN 8 1947

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 J. D. Buchanan
Licensed Embalmer No. 3179
P. O. Address Worrett Ma

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.