

S. No. 2
M-5-43
7-5-17-39
e I X36671

FILED MAY 26 1947

Registration District No. _____ Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Osteopathic Hosp O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) 20 years

In this community _____

3. (a) PRINT FULL NAME Elizabeth Mulkey

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female **5. Color or race** white

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

6. (c) Age of husband or wife if alive 51 years

6. (b) Name of husband or wife James A. Mulkey Sr

7. Birth date of deceased July 8 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>10</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER:

12. Name Eli Jordan 9

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

14. Maiden name Theodora Schwan

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

16. (a) Informant James A. Mulkey

(b) Address 43rd & Brooklyn, K.C., Mo.

17. (a) Burial Burial **(b) Date thereof** 5-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Mrs. E. L. Forster

(b) Address 918 Brooklyn, K.C., Mo.

19. (a) 5-13-47 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2613-8-11st 3
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1947 hour 1 minute a M.

21. I hereby certify that I attended the deceased from Aug 10th 1943 to May 12 1947; that I last saw her alive on May 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

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

Major findings: 95°C

Of operations _____

On autopsy Cerebral Hemorrhage
Cardiac Hypertrophy

Duration
about three yrs

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? _____

23. Signature A. M. Adkins **(N. D. or other)** MA 42-1947

Address 428 Lee Bldg

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..... *Dean Owens*
Licensed Embalmer No. *4280*
P. O. Address *K. C. 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.