

FILED JUL 7 1947
Registration District No. **212**

Primary Registration District No. **4403**

Registrar's No. **102**

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

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **Steele**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot 78**
(c) City or town **Steele**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Thomas Lee Mulligan

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16**
year **1947** hour **8** minute **0** A.M.

21. I hereby certify that I attended the deceased from **May 15**
1947 to **May 16** **1947**
that I last saw him alive on **May 16** **1947**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (c) Age of husband or wife if alive **15** years
7. Birth date of deceased **May 15 1947**
(Month) (Day) (Year)

Immediate cause of death **Congenital heart disease**

8. AGE: Years Months Days If less than one day
0 0 0 6 hr. min.

Due to **157E**

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

10. Usual occupation **chief**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER
12. Name **E. A. Mulligan**
13. Birthplace **McNary Co. 2nd**
(City, town, or county) (State or foreign country)
14. Maiden name **Laura Bechtel**
15. Birthplace **Hasty** **MO**
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant **W. A. Mulligan**
(b) Address **Steele MO**

17. (a) **Burial** (b) Date thereof **5-16-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

18. (c) Signature of funeral director **J. D. Neuman**

(b) Address **Steele MO**
19. (a) **7-1-47** (b) **E. J. O'Rourke**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury **0**
23. Signature **J. Chapman** (M. D. or other)
Address **Steele MO** Date signed **6/1/47**

7-47-201

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.....

not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.