

No. 2
-12-45
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44540

State File No. _____

Registration District No. 291

Primary Registration District No. 5988

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Putnam

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Worthington
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Janet Mulanix

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 21, year 1947, hour 7:00, minute _____, M.

21. I hereby certify that I attended the deceased from Nov. 21-47 to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Dook Mulanix

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct. 12 1875
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis Dr. Mr.
Arteriosclerosis 20 yrs.

8. AGE: Years 72 Months 1 Days 9 If less than one day hr. _____ min. _____

Due to Arteriosclerosis 20 yrs.

9. Birthplace Putnam Co. Mo.
(City, town, or county) (State or foreign country)

Due to Senility _____

10. Usual occupation homework

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

11. Industry or business _____

Major findings: _____
Of operations _____

12. Name Daniel Johnson

Of autopsy _____

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

14. Maiden name Martha Boston

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

16. (a) Informant Ovid Mulanix

(b) Address Worthington, Mo.

17. (a) B (b) Date thereof 11-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Headset Mary Cox

18. (a) Signature of funeral director Marionette

(b) Address _____

19. (a) 1-10-48 (b) Marvella Durbin
(Date received local registrar) (Registrar's signature)

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? _____
(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? _____ Means of injury _____

23. Signature Ed. A. ... (M. D. or other) _____

Address Queen City, Mo. Date signed 12/1/47

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

MOTHER FATHER

86
2
3

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 1
District File Number 1-48-1
Date Filed JAN 14 1948

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 GO Hursted
Licensed Embalmer No. 2975
P. O. Address Unionville

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.