No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4995

FILED MAR 1 1948

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 756

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: Home 2824 Tracy Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 2824 Tracy Ave. (If rural, give location) 8 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frank J. Mulkey
3. (b) If veteran, name war: No
3. (c) Social Security No.: 492-14-6016

4. Sex: Male ✓
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married /
6. (b) Name of husband or wife: Amelia Mulkey
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: Dec. 12th. 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	2	6	hr. min.

9. Birthplace: (City, town, or county) Missouri ✓ (State or foreign country)
10. Usual occupation: Driver
11. Industry or business: Acme Auto Livery
FATHER 12. Name: William Mulkey
FATHER 13. Birthplace: Tenn. / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sarah Wells
MOTHER 15. Birthplace: Ky. / (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Amelia Mulkey
(b) Address: 2824 Tracey Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cem.
18. (a) Signature of funeral director: Earp & Sons
(b) Address: 4139 East 15th. St.
19. (a) 2-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th year 1948 hour 1 minute 20 A. M.
21. I hereby certify that I attended the deceased from 2/16/29 to 2/18/48, 19..., 19...; that I last saw him alive on 2/18/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis (2 attacks)	1 hr.
Due to: Chr. Myocarditis	10 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93 D	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) 9.
While at work? (e) Means of injury:
23. Signature: Joseph P. Toyoda (M. D. or other) D
Address: 402 Merchants Bldg. Date signed: 2/18/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John R. Harp

Licensed Embalmer No. 2955

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.