

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9801

State File No. _____

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Putnam

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

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

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

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

3. (a) PRINT FULL NAME Eva E. Mulanix

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1948 hour 12:15 minute P M.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Miles W. Mulanix

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased 7 21 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1 1948, to Mar 9 1948
that I last saw her alive on Mar 9 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 7 Days 18
If less than one day hr. _____ min. _____

Immediate cause of death Coronary Occlusion Duration 20 minutes

Due to arteriosclerosis

Due to hypertension years

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

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

10. Usual occupation Home Keeper

Major findings: Of operations _____

Of autopsy 94A

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

11. Industry or business _____

12. Name Daniel Johnson

13. Birthplace Ky.
(State or foreign country)

14. Maiden name Martha Boston

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

16. (a) Informant Floyd Mulanix

(b) Address Des Moines Iowa

17. (a) Burial (b) Date thereof 3 11 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Cemetery

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. (a) Signature of funeral director Rusted & Son

(b) Address Unionville, Mo.

19. (a) 3-19-48 (b) Marcell Durbin
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Phas L. Field (M. D. or other) 20

Address Unionville Mo Date signed 3-10-48

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

86
000

MOTHER FATHER

RECEIVED
District Health Officer No. 1
District File Number 2-48-26
Date Filed MAR 23 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 F. O. Husted
Licensed Embalmer No. 2975
P. O. Address Unionville N.C.

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.