

FILED AUG 11 1948

State File No. _____

Registration District No. 271

Primary Registration District No. 5988

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Rural, Worthington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Worthington, Mo. 1
(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 _____
(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 Miles W. Mulanix

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced D 3
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Nov. 25, 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 27
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name George Mulanix

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

14. Maiden name Martha Baugh

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

16. (a) Informant Jessie Mulanix

(b) Address Unionville, Mo.

17. (a) B (b) Date thereof 7-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Cem.

18. (a) Signature of funeral director Unionville Mo.

(b) Address _____

19. (a) 8-6-48 (b) Marvella Durb...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 7:15 minute P M.

21. I hereby certify that I attended the deceased from July 12
1948, to July 21, 1948
that I last saw him alive on July 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Duration 9 days

Due to: arteriosclerosis

Due to: hypertension

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

Major findings: _____
Of operations _____

Of autopsy: §30

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?

While at work? _____ (Specify type of work)
(c) Means of injury 2

23. Signature: Phas J. Gadd (M. D. or other) 10
Address: Unionville Date signed: 7-22-48

MOTHER FATHER

86
20

790

RECEIVED

District Health Officer No.

District File Number 8-48-1

Date Filed AUG 10 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 J. O. 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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.