

FILED AUG 17 1948

State File No. _____

Registration District No. 73

Primary Registration District No. 3003

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett 100 Bond St. Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Years
years, months or (days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 100 Bond St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John William Mulkey

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ann Mulkey 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 4 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 30 If less than one day hr. _____ min.

9. Birthplace Monett, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and Fruit Grower

11. Industry or business _____

12. Name William H. Mulkey

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Margaret McCormick

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ann Mulkey

(b) Address 100 Bond St. Monett Mo.

17. (a) Burial (b) Date thereof Aug. 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Bennett-Wormington

(b) Address Monett, Missouri

19. (a) 8-11-48 (b) W. M. West
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month August day 3
year 1948 hour 9:35 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 29, 1948, to July 31, 1948,
that I last saw him alive on Aug 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 4 days

Due to _____

Due to _____

Other conditions Aspiration (Include pregnancy within 5 months of death) 5413

Major findings: Of operations _____

Of autopsy 107 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 place) (Specify type of injury)

23. Signature Frank H. ... (M. D. or other) 8/11/48

Address Monett Mo Date signed 8/11/48

RECEIVED

District Health Officer No. 6;

District File Number 848-944

Date Filed AUG 16 1948

AUG 30 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.....

George E. Bennett

Registered Apprentice No. 220

working under my personal supervision.

Signed *George E. Bennett*

Licensed Embalmer No. 4213

P. O. Address Monett, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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