No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 29540

Primary Registration District No. 5466

Registrar's No. 745

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Rural—South Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 hrs. (Specify whether years, months or days)
In this community: lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Wright 114
(c) City or town: Norwood—Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Route II
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: Rosa Alice Mulkey

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: WHITE

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

6. (b) Name of husband or wife: John William Mulkey

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

7. Birth date of deceased: 7 (Month) 28 (Day) 1878 (Year)

8. AGE: Years 69 Months 10 Days 9 If less than one day — hr. — min.

9. Birthplace: Clark County (City, town, or county) MO. (State or foreign country)

10. Usual occupation: house wife

11. Industry or business: —

FATHER
12. Name: Logan Redman
13. Birthplace: — (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mollie Redman
15. Birthplace: — (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Ollie Davidson
(b) Address: Norwood Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mountain Grove, Mo.

18. (a) Signature of funeral director: Gorman Schaff Funeral Home
(b) Address: Springfield, Mo.

19. (a) 9-7-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7 year 1948 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from 9-6-1948 3:45 P.M. 1948 to 9-7 1948 that I last saw her alive on 9-6 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial failure | |
| Due to: Hypertension | |
| Due to: Arteriosclerosis Cardiovascular Renal disease | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: 1 3 1a | |

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)
While at work? (e) Means of injury:

23. Signature: R. A. Michael D.O. (M.D. or other)
Address: Springfield, Mo. Date signed: 9/7/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 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 L. Dorlin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.