

FILED FEB 9 1944

Registration District No.

Primary Registration District No.

3-04-65796

145-

1. PLACE OF DEATH:

(a) County Monteau  
(b) City or town Walker, Rural  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Thirty days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Mc Nulty

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years (Month) Nov 22 1855 (Day) (Year)

7. Birth date of deceased

8. AGE: Years 88 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Monteau MO (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Patrick Mc Nulty

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

14. Maiden name Malissa Lovless

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

16. (a) Informant Jenny Marx

(b) Address Kansas City MO

17. (a) Rural (b) Date thereof 1/22/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director William & Fredmeyer

(b) Address California MO

19. (a) 1-22-44 (b) B. J. Allee (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteau  
(c) City or town Rural  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19 year 1944 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from July 1941 to January 18 1944

that I last saw her alive on January 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthma Duration 2 years

Due to Generalized arteriosclerosis 20 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature Jenny Marx (M.D. or other)

Address California, MO Date signed 1-20-44

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

MOTHER FATHER

1612

**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.....

*Hugh E. Williams*

Licensed Embalmer No.....

*3537*

P. O. Address.....

*California 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.**