

1939 AUG 11

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25053  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township 1 Primary Registration District No. 1001 Registered No. 720  
(c) City St. Joseph (d) Street No. 2012 Highly St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 80 yrs. 2 mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Mollett

(a) Residence, No. 2012 Highly St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Mollett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
80 2 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

FATHER 13. NAME Andrew Burvenich  
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Schaeffer  
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Germany

17. INFORMANT Edna Hubacher (ADDRESS) 1022 N. 20th St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Mora Cemetery PLACE St. Joseph, Mo. DATE July 14, 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son (ADDRESS) 1802 Union St. St. Joseph, Mo.

20. FILED July 13, 1939 H. J. Neathbush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939, to July 12, 1939  
I last saw her alive on July 10, 1939 Death is said to have occurred on the date stated above, at 2:20 AM

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis (Gen) (2 yrs ago)  
myocarditis - chr. (1 yr ago)

Other contributory causes of importance:  
Decompensated Heart 1936  
Varicose Venous Stules 1918

Name of operation none Date of none  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) G. T. Bloomer M. D.  
(Address) 1218 N. 3rd St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE SERVING WITH UNPAIDING INK—THIS IS A PERMANENT RECORD

I X 16005

**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..... *Albert C. Harrington* .....

Licensed Embalmer No..... 3258 .....

P. O. Address 1802 Union St. Joseph, 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, above space should be left blank.**