

No. 2
4-12-40
4-17-39
I 23159

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1379

1. PLACE OF DEATH: BUCHANAN
 (a) County BUCHANAN
 (b) City or town ST. JOSEPH
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: STATE HOSPITAL No. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 37 years
31 1/2 months, 14 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gentry
 (c) City or town unknown
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MOLLIE O'MALLY

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

4. Sex female 5. Color or race wh. 6. (a) Single, widowed, married, divorced mar.

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased unknown
 (Month) (Day) (Year)

8. AGE: Years 80 1/2 Months 7 1/2 Days 2 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant A. J. Smith

(b) Address Stauberry, Mo

17. (a) Burial (b) Date thereof Dec 31, 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph

18. (a) Signature of funeral director John E. Smith

(b) Address 6054 P. J. Ave.

19. (a) Dec 31-1940 (b) A. J. Smith
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 30th
 year 1940 hour 11 minute 45 a.m.
 21. I hereby certify that I attended the deceased from July 1,
 1940, to Dec 30th, 1940,
 that I last saw her alive on December 30, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerotic heart disease with coronary sclerosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 95 lbs
 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) none
 (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 kind of place)
 Means of injury: _____
 23. Signature W. Burch (M. D. or other) _____
 Address State Hospital No 2 Date signed 12-31

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

MOTHER FATHER

8782

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.....

Body was not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No.

3986

P. O. Address

St Joseph

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.