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MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15215**

Registration District No. **566**

Primary Registration District No. **3030**

Registrar's No. **46**

1. PLACE OF DEATH: **MISSISSIPPI**  
 (a) County **MISSISSIPPI**  
 (b) City or town **CHARLESTON**  
 (c) Name of hospital or institution: **600 PECAN STREET**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10 YEARS**  
 In this community **10 YEARS**  
 years, months or days

3. (a) PRINT FULL NAME **MOLLIE DAWNS DONNELLS**  
 3. (b) If veteran, name war   
 3. (c) Social Security No.

4. Sex **FEMALE** 5. Color or race **COLORED**  
 6. (a) Single, widowed, married, divorced **MARRIED**  
 6. (b) Name of husband or wife **W. H. DONNELLS**  
 6. (c) Age of husband or wife if alive **UNKNOWN** years  
 7. Birth date of deceased **AUGUST 28 1912**  
 (Month) (Day) (Year)

8. AGE: Years **28** Months **7** Days **11**  
 If less than one day hr. min.

9. Birthplace **LOTTIDALE CO. TENNESSEE**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **FARM HOUSEWIFE**

11. Industry or business

MOTHER FATHER { 12. Name **WILL HILL**  
 13. Birthplace **UNKNOWN UNKNOWN**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **LAURA WILLIAMS**  
 15. Birthplace **LOTTIDALE CO. TENNESSEE**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **JAMES EDDINGTON**  
 (b) Address **600 PECAN ST. CHARLESTON, MO.**

17. (a) **BURIAL** (b) Date thereof **4-10-1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DAK GRAVE CEMETERY**

18. (a) Signature of funeral director **LAIR NUNNELEE FUNERAL SERVICE**  
 (b) Address **CHARLESTON, MO.**

19. (a) **4-9-41** (b) **F. A. Vernon**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MISSOURI** (b) County **MISSISSIPPI**  
 (c) City or town **CHARLESTON**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **600 PECAN STREET**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **9**  
 year **1941** hour **1** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **March 18<sup>th</sup> 1941 to April 9<sup>th</sup> 1941**  
 that I last saw her alive on **April 9<sup>th</sup> 1941**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to **Influenza**

Due to **278**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations  
 Of autopsy

Duration  
 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?  
**715** (Specify type of place)  
 While at work? (e) Means of injury

23. Signature **Frank Vernon** (M. D. or other)  
 Address **Charleston Mo** Date signed **4-9-41**

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

RECEIVED

District Health Officer No. 2,

District File Number 541-52

Date Filed 5/8/41

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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.....

Licensed Embalmer No.....

P. O. Address.....

*THIS BODY WAS NOT EMBALMED.*

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.