

S. No. 2
DM-2-43
v. 5-17-39
I X35897

27486

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2

FILED SEP 13 1944

Registration District No. _____

Primary Registration District No. 5.238

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Jefferson - township - Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)

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

In this community XXX

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar

(c) City or town Jefferson-Township-Rural
(If outside city or town limits, write "RURAL")

(d) Street No. XXXX
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME William L. Molder

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

4. Sex Male 5. Color or race white 6. (a) Single, married, divorced, widowed Divorced, widowed

6. (b) Name of husband or wife Anna Molder 6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased Feb. 7, 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13 year 1944 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Aug. 13, 1944, to Aug. 13, 1944, that I last saw him/her alive on Aug. 10, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 6 Days 6 If less than one day XXXXXXXX min.

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

10. Usual occupation Farming

11. Industry or business XXX

MOTHER FATHER { 12. Name Henry Newton Molder

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

14. Maiden name Mary Draper

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

16. (a) Informant Minnie Miller
(b) Address Humansville, Missouri

17. (a) Burial (b) Date thereof 8-15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alder Cemetary

18. (a) Signature of funeral director Church and Neale
(b) Address Stockton, Missouri

19. (a) 9-2-44 (b) Mrs Ethel Church
(Data received local registrar) (Registrar's signature)

Immediate cause of death Advanced arterio-sclerosis

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 97

Major findings: Of operations _____

Of autopsy no

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 Roscoe E. Nevens (M. D. or other) MD
Address Humansville, Mo Date signed 8-12-44

1298

RECEIVED

District Health Officer No. 71

District File Number 8-44-1063

Date Filed 1-12-48

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.