

S. No. 2
M-8-43
5-17-39
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31154

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 25 1944
Registration District No. 200

Primary Registration District No. 2001

Registrar's No. 437

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 N. Pearl St;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 30 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 315 N. Pearl St;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. No 0

3. (a) PRINT FULL NAME William H. Moler
3. (b) If veteran, name war No
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. 8 day 1944
year _____ hour 10-10 A.M. minute _____ M.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Melissa Moler
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Dec. 8, 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mch 24
1944 to Sep 4 1944
that I last saw him alive on Sep 4
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 9 Days 0
If less than one day _____ hr. _____ min.

Immediate cause of death
Cachexia 1 yr
Duration

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

Due to Adenocarcinoma of uterus ?
Due to _____

10. Usual occupation retired, Railroad Engineer

Other conditions _____
(Include pregnancy within 3 months of death) H 6 2

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy all above.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Oliver P. Moler
13. Birthplace no record (State or foreign country) U
(City, town, or county)
14. Maiden name Elizabeth Aley (State or foreign country)
15. Birthplace no record (State or foreign country) A
(City, town, or county)

16. (a) Informant D.H. Johnson
(b) Address 402 Byers Ave. Joplin Mo;

17. (a) Burial (b) Date thereof 9-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Mo;

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 9-11-44 (b) Gertrude Smedharter
(Date received local registrar) (Registrar's signature)

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 P.T. Telauke (M. D. or other) M.D.
Address Joplin, Mo. Date signed 9-8-44

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

W. H. Moler

1204

(Licensed Embalmer's Statement on Reverse Side)

44-9-741



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 *Paul K. Shubert*

Licensed Embalmer No. 9209

P. O. Address *Spencer Mass*

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.