No. 2
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-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21101

FILED

Registration District No. 4759 1946

Primary Registration District No. 3053

Registrar's No. 96

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

1. PLACE OF DEATH:

(a) County Phelps

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")

(d) Street No. 110 Highway 72 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Margaret Wren Mollett

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Tom Mollett

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May (Month) 12 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	1	10	hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Homemaker

11. Industry or business

FATHER
12. Name REECE TRIGG
13. Birthplace FINDLAY. (City, town, or county) Ill (State or foreign country) 1

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant W.T. Mollett
(b) Address Rolla, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/23/46 (Month) (Day) (Year)
(c) Place: burial or cremation Windsor Ill.

18. (a) Signature of funeral director Alfred T Smith
(b) Address Rolla, Mo.

19. (a) 6-23-46 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 15, 1946, to June 22, 1946
that I last saw her alive on June 22, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings:
Of operations none
Of autopsy none

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

23. Signature Harry H Dawn M.D. (M.D. or other) 0
Address Rolla Mo Date signed 6/23/46

252

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1946

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Me.

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.

No. 2B
M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 960

1. PLACE OF DEATH:

(a) County Phelps

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Margaret W. Mollett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 12 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 10 If less than one day hr. min.

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

10. Usual occupation May 5 1876

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 22
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 131 b

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

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