V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1947

Registration District No. 243

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10143

Primary Registration District No. 4364

Registrar's No. 12

1. PLACE OF DEATH:

(a) County: Newton

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

(c) Name of hospital or institution: Cardwell Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Since Jan. 12 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Cherokee 999

(c) City or town: Baxter Sprs. 111
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural Route #2 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country: ———

3. (a) PRINT FULL NAME: Mary Jane Modlin

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 77

6. (b) Name of husband or wife: T. J. Modlin

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

7. Birth date of deceased: July (Month) 29 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	5	28	-- hr. -- min.

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

10. Usual occupation: Housewife

11. Industry or business: ———

MOTHER FATHER

12. Name: John Hollaway 9

13. Birthplace: (City, town, or county) Unknown (State or foreign country) 9

14. Maiden name: Lydia Martin

15. Birthplace: (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Mrs. Sadie Simmons

(b) Address: 1832 E 67th St. Los Angles Cal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 24 47 (Month) (Day) (Year)

(c) Place: burial or cremation: Union Ceme

18. (a) Signature of funeral director: Wm Manor Dyer

(b) Address: Wheaton, Mo.

19. (a) 4-6-1947 (Date received local registrar) (b) Alpha Dyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1947 hour 7 minute 23 p. M.

21. I hereby certify that I attended the deceased from January 12, 1947 to January 22 1947 that I last saw her alive on January 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

A4B

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: [illegible] M.D. (or other)

Address: Stella Mo Date signed 2-4-47

369 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District File Number 447-72

Date Filed 4-14-47

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 Moore Pyne

Licensed Embalmer No. 3447

P. O. Address Wheaton 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.