

No. 2
-12-45
-17-39

25027

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 7 1947

Registration District No. 270

Primary Registration District No. 3054

Registrar's No. 74

1. PLACE OF DEATH:
 (a) County Pike
 (b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pike Co. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether
 In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike
 (c) City or town Louisiana
(If outside city or town limits, write "RURAL")
 (d) Street No. 314 Georgia St.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MOLLIE WALTON FIELDER
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 11
 year 1947 hour 6 minute 45 A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Isaac Fielder
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased: Sept 9 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-25-1947 to 7-11-1947
 that I last saw her alive on 7-10-1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 10 Days 2
 If less than one day _____ hr. _____ min.

Immediate cause of death Cancer of pancreas
 Due to _____
 Due to _____

9. Birthplace Pike Co., Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions H/O
(include pregnancy within 3 months of death)
 Major findings: Cancer of pancreas
Of operation
 Of autopsy same

11. Industry or business Housekeeping
 12. Name John Metharland
 13. Birthplace Pike Co., Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Catherine Reneau
 15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Isaac Fielder
 (b) Address Louisiana, Missouri

22. If death was due to external causes, fill in the following:
 (c) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 7/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clarksville, Mo.
 18. (a) Signature of funeral director Garner & Sterne
 (b) Address Louisiana, Missouri
 19. (a) 7-12-47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

(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 [Signature] M. D. or other _____
 Address [Address] Date signed 7-12-47

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

JUN 21 1948

RECEIVED
District Health Officer No. 10
District File Number 47-1002
Date Filed AUG - 5 1947

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.....

.....*Virginia M. Stone*....., Registered Apprentice No. *491*
working under my personal supervision.

Signed.....*James T. Green*.....

Licensed Embalmer No. *3720*

P. O. Address.....*Louisiana*.....

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.