S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 111

Registration District No. 20 Primary Registration District No. 4031 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(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 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Adrian 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse Moles
3. (b) If veteran, name war Spanish American
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June (Month) 6 (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	6	28	hr. min.

9. Birthplace Clinton County (City, town, or county) Kentucky (State or foreign country) /
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Thomas Moles 9
13. Birthplace Not Known (City, town, or county) (State or foreign country) /
MOTHER
14. Maiden name Smithies
15. Birthplace Not Known (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Alice Moles
(b) Address Adrian Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill Cem.
18. (a) Signature of funeral director Cereath and Sir
(b) Address Adrian Mo.
19. (a) 1-5-48 (Date received local registrar) (b) Myra Owens (Registrar's signature) 76

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1948 hour 4 minute A M.
21. I hereby certify that I attended the deceased from dead when I arrived, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary of several years duration	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94 A

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 0
23. Signature E. E. Robinson (M. D. or ~~other~~)
Address Adrian, Mo. Date signed 1-5-48

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1948

RECEIVED
District Health Officer No. 7,
District File Number 12-47-2083
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 and Fred T. Cereath 3343, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3650

P. O. Address Adrian 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.