N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

16
1
4

DEC 1 JAN 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42604

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125

(b) Township Primary Registration District No. 3009 Registered No. 396

(c) City Cape (d) Street No. S. E. Mo. Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mollie Gorden McClard

(a) Residence, No. Fruitland, Mo. St. Fruitland Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF D. A. McClard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1875

7. AGE: YEARS 63 | MONTHS 2 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County

FATHER
13. NAME W. M. Gorden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County

MOTHER
15. MAIDEN NAME Sarah Wills
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County

17. INFORMANT (ADDRESS) D. A. McClard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Apple Creek Cem DATE Dec. 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Crumpton Miller Jackson, Mo. 121

20. FILED 12-21, 1938 J. M. Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1938, to Dec 21st, 1938
I last saw her alive on Dec 21, 1938. Death is said to have occurred on the date stated above, at 6 04 p. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the colon — Date of onset: 2 About March /38

4b

Other contributory causes of importance:

Intestinal obstruction

Name of operation Resection of colon Date of Dec 15/38
What test confirmed diagnosis? operation X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G. B. Schultz M. D.
(Address) Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.