S. No. 2
-11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2000

Registration District No. 148 | Primary Registration District No. 5212 | Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural - Mt. Pleasant (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 2 (Specify whether)
In this community 6 MONTHS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Rural - Belton (If outside city or town limits, write "RURAL")
(d) Street No. 2 mi. N. North Belton, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years

8. (a) PRINT FULL NAME MOLLY ADDY 300
8. (b) If veteran, name war ✓
8. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W.E. ADDY
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Feb. (Month) 26 (Day) 1874 (Year)

8. AGE: Years 65 | Months 11 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Salina (City, town, or county) Kansas (State or foreign country)
10. Usual occupation housewife
11. Industry or business own home
MOTHER FATHER
12. Name John Johnston
13. Birthplace Bergen (City, town, or county) Norway (State or foreign country)
14. Maiden name Mary Ann Stern
15. Birthplace ____ (City, town, or county) Norway (State or foreign country)
16. (a) Informant W E Addy
(b) Address Belton, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Salina, Kansas
18. (a) Signature of funeral director E. K. Gregory & Son
(b) Address Belton, Mo.
19. (a) Jan 31-40 (Date received local registrar) (b) R M Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1940 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 22, 1940 to Jan 31, 1940 that I last saw her alive on Jan 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 R M Miller (M. D. or other)
Address Belton Mo Date signed 1-31-40

(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 A. K. Georgia

Licensed Embalmer No. 3645

P. O. Address Grandview, 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, above space should be left blank.