

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24864**

AUG 14 1940
Registration District No. **163**

Primary Registration District No. **5228**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural - Box 7
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Rural - Box
(If outside city or town limits, write "RURAL")

(d) Street No. R R # 5 - Eldorado Springs
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Wm Richard Molter 43

3. (b) If veteran, _____ **8. (c) Social Security** No. none
name war. _____ No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 31,
1939, to July 20, 1940
that I last saw him alive on July 20, 1940
and that death occurred on the date and hour stated above.

4. Sex male **5. Color or race** white **6. (a) Single, widowed, married, divorced** married

6. (b) Name of husband or wife Louisa A Molter **6. (c) Age of husband or wife if** 81 years
alive _____

7. Birth date of deceased Feb 26 1858
(Month) (Day) (Year)

Immediate cause of death Cerebral softening
arteriosclerosis

Duration 2 mo.

8. AGE: Years 82 Months 4 Days 29 If less than one day _____
hr. _____ min. _____

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business

12. Name Peter Molter

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Jane Mooles

15. Birthplace S. Carolina
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: none

Of operations _____

Of autopsy not done

Underlines the cause to which death should be charged statistically.

16. (a) Informant Mr. P. W. Cappel

(b) Address St Louis Mo.

17. (a) Burial, cremation, or removal July 26 Burial **(b) Date thereof** July 26 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Sand Ridge

18. (a) Signature of funeral director Swain - Eiders

(b) Address Eldorado Springs Mo

19. (a) 7/26/40 **(b) W. Dawson**
(Date received local registrar) (Registrar's signature)

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? 154
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Bernard C. Capper (M. D. or other) M.P.
Stockton, Mo. Date signed 7-26-40

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

RECEIVED

District Health Officer No. 7,

District File Number 8-40-1177

Date Filed 8-10-40

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

O. B. Sanders

Licensed Embalmer No.

3250

P. O. Address

O. B. Sanders

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.