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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2021

State File No.

Registration District No. 105 Primary Registration District No. 5155 Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township) Township
(c) Name of hospital or institution: ½ mile N.W. of Steedman (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. ½ mile N.W. of Steedman (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mollie Begler
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 15 (Day) 1868 (Year)
8. AGE: Years 72 Months 5 Days 26 If less than one day hr. min.
9. Birthplace Portland Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Christopher Begler
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Slantzbach
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Christy Begler
(b) Address Steedman, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Steedman, Mo
18. (a) Signature of funeral director Lyle L. Wallace
(b) Address Fulton Mo.
19. (a) 1-12-1941 (Date received local registrar) (b) W. W. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11 year 1941 hour 2 am minute M.
21. I hereby certify that I attended the deceased from 2-2 X, 1940 to 1-10, 1941 that I last saw her alive on 1-10, 1941 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pulmonary Tuberculosis
Due to
Due to
Other conditions Hepatic Tuberculosis (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None

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 W. C. Payne (M. D.) MD
Address R. #6 Fulton Mo. Date signed 1/11/41

(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 Leo G. Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton 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.