APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11292

Registration District No. 508 | Primary Registration District No. 5685 | Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County: Livingston

(b) City or town: ~~Chat~~ Rich Hill Township (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 years, months or days) In this community: /

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Livingston

(c) City or town: Chula (If outside city or town limits, write "RURAL")

(d) Street No.: 0 (If rural, give location)

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

3. (a) PRINT FULL NAME: LORA-LENARD-MOLLOY

3. (b) If veteran, name war:

3. (c) Social Security No. 488-14-4733

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Lillian Molloy

6. (c) Age of husband or wife if alive: 41 years

7. Birth date of deceased: Oct. (Month) 27 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
49	4	17	hr. min.

9. Birthplace: Sullivan Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: W. P. A.

FATHER 12. Name: P. B. Molloy

FATHER 13. Birthplace: (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name: Ella Pool

MOTHER 15. Birthplace: (City, town, or county) Ind. (State or foreign country)

16. (a) Informant: Lillian Molloy

(b) Address: Chula Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: May. 16-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Alpha Cemetery

18. (a) Signature of funeral director: E. J. Robertson

(b) Address: Laredo, Mo.

19. (a) 3-15-41 (Date received by local registrar) (b) H. M. Trace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 14 P year: 1941 hour: three minute: 30 M.

21. I hereby certify that I attended the deceased from: May, 19 now, 19; that I last saw him alive on: now, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart disease

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

Duration

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: Coroner

23. Signature: Reuben Barney (M. D. or other)

Address: Milan Mo. Date signed: 3/15/1941

(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 E. J. Robertson

Licensed Embalmer No. 2448

P. O. Address Laredo, Mo.

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

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

S. No. 2B
0—4-25-41
I X27852

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STANDARD CERTIFICATE OF DEATH

State File No. 11292

Registration District No. 508 Primary Registration District No. 5685 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Livingston

(b) ~~City or town~~ Rich Hill Tip
(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 (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lora Lenard Molloy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	4	17	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mch day 14
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease
~~Cause~~ Myocarditis
Chronic

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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 Reuben Barney (M. D. or other) Coroner
Address Chillicothe MO Date signed 6-10-1941

1941
S-11292