

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35514

FILLED NOV 19 1941
Registration District No. 334

Primary Registration District No. 4327

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Mercer County
(b) City or town Modena, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number and location) No
(d) Length of stay: In hospital or institution. No (Specify whether)
In this community all her life years, months or days

3. (a) PRINT FULL NAME Mollie Loe
3. (b) If veteran, name war _____ 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. W. Loe 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov. 29, 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Kin Curtis
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Suthers
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Loe
(b) Address Modena, Mo.

17. (a) Burial (b) Date thereof Nov. 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Neal Mast
(b) Address Funeral Home

19. (a) Nov 13 1941 (b) Mrs. Paul Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer
(c) City or town Modena Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec. 10 1940 to Oct 31 1941
and that death occurred on the date and hour stated above.
that I last saw her alive on May 29 1941

Immediate cause of death Carcinoma of liver Duration _____

Due to _____

Due to _____

Other conditions H6
(Include pregnancy within 3 months of death)

Major findings: Dec. 13-1940 - Rejected part of sigmoid flexure for carcinoma
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? _____

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

23. Signature W. H. Buller (M. D. or other) _____
Address Trenton Mo Date signed Nov 1 1941

49 (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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Hail. Truss

Licensed Embalmer No. 2634

P. O. Address Genoa, 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.