

DEC 22 1941 678

Registration District No. 678

Primary Registration District No. 5704

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St James Phelps  
(b) City or town St James Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Soldiers Home Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 yrs  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town St James  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2  
year 1941 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from Aug 1  
1941, to Nov. 2, 1941;  
that I last saw him alive on Nov. 2, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus  
Duration 3 mo

Due to \_\_\_\_\_  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_  
23. Signature Frank R. Richler (M. D. number) \_\_\_\_\_  
Address St James Mo Date signed 11/12/41

3. (a) PRINT FULL NAME Mollie O Jimm  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3-16-1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dont Know  
13. Birthplace 11 9  
(City, town, or county) (State or foreign country)  
14. Maiden name 11 9  
15. Birthplace 11 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Soldiers Home Record

(b) Address St James

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cem

18. (a) Signature of funeral director W. R. Richler

(b) Address St James Mo

19. (a) 12-1-41 (b) Elmer B. Douthett  
(Date received local registrar) (Registrar's signature)

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

**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

*Thomas S. Halberk*

; Registered Apprentice No. *288*

working under my personal supervision.

Signed

*Oral E. Lickhite*

Licensed Embalmer No.

*3546*

P. O. Address

*17 Jermyn*

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.