

DEC 31 1941 798
Registration District No.

Primary Registration District No. 6042

Registrar's No.

97
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Nelson "Rural" 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 _____
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Nelson "Rural"
(If outside city or town limits write "RURAL")
(d) Street No. 3 mi west Nelson
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME MOLLIE LOUISE ENGLE

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased Dec 28 - 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Walker
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Palmyra Hanley
15. Birthplace Howard Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Engle
(b) Address Nelson Mo

17. (a) Burial (b) Date thereof May - 25 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salt Fork Cem, Saline Co

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) June 20, 1944 (b) E. A. Orinwell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 20
1941, to May 23 1941
that I last saw him alive on May 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration _____

Due to _____

Due to _____

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Dr. J. W. Burrell (M. D. or other) DO

Address Blanchester Mo Date signed May 24 - 41

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 Fred Welkusee
Licensed Embalmer No. 2478
P. O. Address Clinton, 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, above space should be left blank.