S. No. 2
—4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10474

State File No.

Registration District No. 139137 Primary Registration District No. 40-77 5175 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Hale Hurricane Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 17

(a) State Missouri (b) County Carroll

(c) City or town Hale
(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 Mollie Nevins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Henery Nevins

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

7. Birth date of deceased November (Month) 4. (Day) 1863. (Year)

8. AGE: Years 78. Months 4 Days 23 If less than one day hr. min.

9. Birthplace Pittsfield (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Patrick Mahoney 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name katherine 4
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruffus Frazzell
(b) Address Hale Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 31, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Near Carrollton

18. (a) Signature of funeral director Frank E. Slater
(b) Address Hale Mo

19. (a) Mar. 30-42 (Date received local registrar) (b) Mrs Edgar Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th year 1942 between 1 AM & 6 A M.

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

Immediate cause of death Coronary Thrombosis

Due to Diseased found in bed on Mar. 29th at 4 P.M. Death occurred on date stated above.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94 a

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 ?

23. Signature E. L. Smith, D.O. (M. D. or other) Coroner
Address Tina, Mo. Date signed 3/31/42

1068 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-8-42

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 Frank E. Slater

Licensed Embalmer No. 937

P. O. Address Hole Ellen

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.