

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34624

State File No. _____

FILED NOV 13 1942

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond City
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community All Her Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
343 South Shotwell St.
(c) City or town Richmond Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME

Mollie Ann Seek

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female / race White
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willas H. Seek
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 23rd. 1889.
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Richard Hankins

13. Birthplace Wm Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Nancy Ann Phillippe

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

16. (a) Informant Willis H. Seek
(b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1st. 42.
(Month) (Day) (Year)

(c) Place: burial or cremation Union Cem. Ray Co. Mo.

18. (a) Signature of funeral director J. B. Brothman
(b) Address Richmond Mo.

19. (a) Nov. 1st. 1942 (Date received local registrar) (b) Michael W. Hopper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 23, 1942 to Oct. 30, 1942
that I last saw her alive on Oct. 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Influenza

Due to _____

Other conditions (Include pregnancy within 3 months of death) 105

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 2

23. Signature D. E. Kevare (M.D. or other health officer) (City or town) (State)
Address Richmond, Mo. Date signed Oct 31, 42

Duration

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

89

89

1

1

0

0

30

6

30

1942

1942

1942

7 days

105

105

105

105

105

105

105

105

105

105

105

105

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-12-42

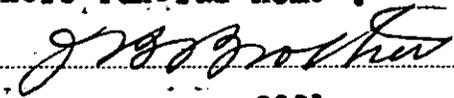
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....**J. B. Brothers**.....
working under my personal supervision.

..... Registered Apprentice No.....

Brothers Funeral Home

Signed.....


Licensed Embalmer No. **3001**

P. O. Address **Richmond 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.