

S. No. 2
1-4-41
7. 5-17-39
I. X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42237

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 118

49
6
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution: 1321 Broadway
(d) Length of stay: In hospital or institution 9 years
In this community 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County Jasper
(c) City or town Webb City
(d) Street No. 1321 Broadway
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mollie Love
(b) If veteran, name war No
(c) Social Security No. None

20. DATE OF DEATH: Month Dec day 25
year 1941 hour 5:45 minute P. M.

4. Sex F Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 31 1866

21. I hereby certify that I attended the deceased from Dec 1941 to Dec 1941
that I last saw h. c.e. alive on Dec 25 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 8 Days 24 If less than one day hr. min.

Immediate cause of death: Chronic Valvular Heart 1 yr

9. Birthplace: No data Missouri
10. Usual occupation at home

Due to...
Due to...
Other conditions: 93d
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name A. M. Roberts
13. Birthplace No data Ky.
14. Maiden name No data
15. Birthplace No data

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant A. C. Love
(b) Address Webb City, Mo.
17. (a) Burial (b) Date thereof 12 27 '41
(c) Place: burial or cremation Orange Cemetery
18. (a) Signature of funeral director Neddy Nelson
(b) Address Webb City, Mo.
19. (a) DEC 27 41 (b) Registrar's signature

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?
(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 Registrar's Signature (M. D. or other)
Address Jasper, Mo. Date signed 12/29/41

42-1-1078

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.....

Licensed Embalmer No.....

P. O. Address.....

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.