

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 2-

Registration District No. 18

Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE

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

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

In this community 6 YEARS

3. (a) PRINT FULL NAME JOHN MOLAN

(b) If veteran, name war NONE

(c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased FEBRUARY 14 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 9 21 hr. min.

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business RETIRED

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature HERMAN MEYER

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof 12/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Jan-5-44 (b) Archas Swap
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")

(d) Street No. 807 SIXTH STREET
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 4th
year 1943 hour 9:30 minute PM

21. I hereby certify that I attended the deceased from January 3, 1943, to Jan 4, 1943, that I last saw him alive on Jan 3, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, broncho-
right

Due to 101

Due to _____

Other conditions Arteriosclerosis general
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy None done

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 [Signature] (M. D. or other) MD

Address Boonville, Mo. Date signed 12/23

Duration 5 days

3 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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

Rev. 5-17-39 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

Date Filed 2-3-43

JAN 4 1944

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, M

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.