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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6159

State File No. 3

Registration District No. 84

Primary Registration District No. 5317

Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: none / Rural / Kelley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27 0

(c) City or town Bunceton, R. F. D. 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Molan

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Minnie Molan

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb 7 - 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	11	29	hr. min.

9. Birthplace Cooper Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business "

FATHER
12. Name Diedrich Molan
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Schunck
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Hoomeyer
(b) Address 809, 6th St Boonville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-43
(Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Mo

18. (a) Signature of funeral director L. G. Parker
(b) Address Bunceton, Mo.

19. (a) Feb 9-1943 (Date received local registrar) (b) Mrs W W Robien (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1943 hour 4 minute a M.

21. I hereby certify that I attended the deceased from 1940, 19 , to Feb - 5 , 1943
that I last saw him alive on Feb - 2 - , 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

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 Rosleey 0 (M. D. ~~or other~~)

Address Bunceton Mo. Date signed 2/5/43

1087 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-4-43

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 Lucius F. Parker

Licensed Embalmer No. 3840

P. O. Address Otterville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.