

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8342

FILED OCT 9 1943

Registration District No.

374

Primary Registration District No.

627B

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Bedding, Iowa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Fletcher Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 60 yrs. years, months or days

3. (a) PRINT FULL NAME

EDWARD MOLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
7. Birth date of deceased June 18, 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Marshalltown, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Lewis Moler
13. Birthplace Unknown, Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Campbell
15. Birthplace Unknown, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant George Moler

(b) Address Bedding, Iowa

17. (a) Burial (b) Date thereof 9-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bedding Cemetery

18. (a) Signature of funeral director Frank C. Dugger

(b) Address Frank City, Mo.

19. (a) Sept 10 - 43 (b) Arline Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County North
(c) City or town Bedding, Iowa (If outside city or town limits, write "RURAL")
(d) Street No. Bedding, Iowa (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1943 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from
19... to 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Natural
Caused due to exposure
and drunkenness.
Due to lined by self and
got out of house during
due to rain and rain storm and
emphatically couldn't find way back
Other conditions drunkenness
(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Frank C. Dugger (If not other)
Address Frank City, Mo. Date signed Sept 16 - 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.....

Arch C. Dimple

Licensed Embalmer No.....

3252

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.