

FILED DEC 8 1943  
Registration District No. **7/3**

Primary Registration District No. **4185**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Franklin Mo**

(b) City or town **St Clair Mo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **6.5 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**

(c) City or town **St Clair 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 \_\_\_\_\_

3. (a) PRINT FULL NAME **MOLLIE HAPPIER**

3. (b) If veteran name war **NO**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **15**  
year **1943** hour **2** minute **PM**

21. I hereby certify that I attended the deceased from **1-6-1942**  
19\_\_\_\_ to **Nov-15** 19**43**  
that I last saw him alive on **Nov-15** 19**43**  
and that death occurred on the date and hour stated above.

5. Color or race **Female / White**

6. (a) Single, widowed, married, divorced **2 widowed**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased **June 4 1867**  
(Month) (Day) (Year)

Immediate cause of death

Due to **Chr. hepatitis** **7** **yr.**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>5</b>	<b>11</b>	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name ~~Franklin Co. Mo.~~ **IPA PERKINS**

13. Birthplace ~~Franklin Co. Mo.~~ **FRANKLIN CO. MO.**  
(City, town, or county) (State or foreign country)

14. Maiden name ~~Franklin Co. Mo.~~ **PATHEL HEAN**

15. Birthplace ~~Franklin Co. Mo.~~ **FRANKLIN CO. MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jerome Hapier**

(b) Address **St Clair Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-17-1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mount Zion**

18. (a) Signature of funeral director **Ray J. King**

(b) Address **St Clair Mo**

19. (a) **11/17/1943** (Date received local registrar) (b) **R. J. King** (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? \_\_\_\_\_ (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 **W. H. Duckert** (M. D. or other) **11/14/43**  
Address **St Clair Mo** Date signed \_\_\_\_\_

Duration

Physician

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1130

**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.

Not Embalmed

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.**