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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Iconnor 3510

State File No.

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Macon

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61 2

(c) City or town Macon 2
(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 Waddell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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 3 (Month) 22 (Day) 1865 (Year)

8. AGE: Years 78 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jim Lee
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Lovenda Stevenson
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Henry Farmer
(b) Address Macon, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 8 (Day) 44 (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Albert Skinner
(b) Address Macon, Mo

19. (a) 1/31/44 (Date received local registrar) (b) Nora B. Hunkler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1944 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 30, 1943 to Jan 6, 1944
that I last saw her alive on Jan 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	1 week
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy

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 J F Turner (M. D. or other)
Address Macon, Mo Date signed 1/28/44

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(Licensed Embalmer's Statement on Reverse Side)

FEB 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 Cortland Minor

Licensed Embalmer No. 3414

P. O. Address Macon Mo.

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.