

S. No. 2
M-8-13
5-17-39
X37823

FILED SEP 25 1944
Registration District No. 5184

Primary Registration District No. 20-01-5581

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Route 3
(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. 55 yrs
In this community 55 yrs

3. (a) PRINT FULL NAME Mrs Allena Molder
3. (b) If veteran, name war _____
3. (c) Social Security No. 500-09-0538

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife LAPE Molder
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 29 1881

8. AGE: Years 63 Months 4 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace Newton Co. Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Roys Barbecue

MOTHER FATHER
11. Industry or business _____
12. Name CHARLES MERLAR
13. Birthplace Henry Co Mo.
14. Maiden name Martna Verlwis
15. Birthplace Newton Co. Ark

16. (a) Informant Mable Cooper
(b) Address Route 3 Joplin
17. (a) Burial (b) Date thereof 9/11/44
(c) Place: burial or cremation Graveside

18. (a) Signature of funeral director Huribout Und. Co.
(b) Address Joplin, Mo.
19. (a) 9-11-44 (b) Antonia Sudhutter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin RR 3
(d) Street No. _____
(e) Citizen of foreign country? No
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 7
year 1944 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw did not see her alive alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration _____

Due to _____
Due to _____
Other conditions (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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
Means of injury _____
23. Signature W. H. Hurst (M. D. or other)
Address Carthage Mo Date signed 9-7-44

1204

44-8-73P

7501 Marin

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..... *Ray K. Hurlbut*

Licensed Embalmer No. 959

P. O. Address: Joplin, 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.