

FILED FEB 10 1945

State File No. _____

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 2

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town VERSAILLES-MO
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN 71
(c) City or town VERSAILLES (If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY C. JOLLY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife W E JOLLY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUN 27TH 1876 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business HOME

12. Name JACOB S. HUNTER

13. Birthplace NO RECORD (City, town, or county) (State or foreign country)

14. Maiden name ETIHAN PATTON

15. Birthplace NO RECORD (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Roger Meyer

(b) Address VERSAILLES MO

17. (a) Buried (b) Date thereof 1-24-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wissell Cemetery

18. (a) Signature of funeral director W. F. Wissell

(b) Address VERSAILLES MO

19. (a) 1-25-1945 (b) Roy Berkstresser (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22nd year 1945 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 7 - 1945 to Jan 22 1945
that I last saw her alive on Jan 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (General) infiltration of lungs Duration _____
Due to probably originated in uterus.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

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 A J Gunn (M.D. or other) _____
Address VERSAILLES MO Date signed 1-25-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

MAR 18 1945

Serial No. 7,
License No. 1-45-95
Date Filed 2-9-45

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 *J. F. [Signature]*

Licensed Embalmer No. 1596

P. O. Address *Wesley, 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.