

**FILED MAR 8 1945**

Registration District No. \_\_\_\_\_ Primary Registration District No. 5164

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

**1. PLACE OF DEATH:**  
 Callaway  
 (a) County Callaway  
 (b) City or town About 4 Miles S.W. Fulton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Fulton  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** MOLLIE J. WILLETT  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe. 5. Color or race White  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 22 years (Month) (Day) (Year) Sept. 22 1859

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>85</u> | <u>3</u> | <u>22</u> | hr. _____ min. _____ |

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

10. Usual occupation \_\_\_\_\_

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

**MOTHER FATHER**  
 12. Name J. K. Boyd  
 13. Birthplace Callaway Co. Missouri

14. Maiden name Elizabeth K. Marshall  
 15. Birthplace Missouri

16. (a) Informant Ray B. Willett  
 (b) Address Fulton, Mo. R. R. # 6

17. (a) Burial (b) Date thereof 1;15;45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millers Creek Ch. Cem

18. (c) Signature of funeral director Halice Funeral Home  
 (b) Address Fulton, Mo. W. C. Browning

19. (a) 1-13-45 (b) Joan Marshall  
 (Data received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 Missouri Callaway 14  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town Fulton  
 R. F. (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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 14  
 year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 23  
1945 to Jan 14 1945  
 that I last saw her alive on Jan 4 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death gangrene of the leg  
 Due to arteriosclerosis  
 Duration about 14 days

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations gn  
 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? \_\_\_\_\_

(e) Signature R. N. Lewis (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 (M. D. or other)  
 23. Signature \_\_\_\_\_ Address Fulton, Mo Date signed 1-15-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-7-45

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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

*Wenzel C. Browning*

Licensed Embalmer No. 2724

P. O. Address Fulton 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.**