

FILED JAN 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. **41715**

Registration District No. **182**

Primary Registration District No. **5686**

Registrar's No. **91**

1. PLACE OF DEATH:

(a) County **Linn**
 (b) City or town **Rural - Locust Creek, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Linn Co. Infirmary, 5**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 yr 10 mo**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn, 58**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Linn Co. 1. 0**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **JEFFERSON FLEMING MOLLOY**

3. (b) If veteran; name war **-** 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **SINGLE**
 6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years
 7. Birth date of deceased **Sept 4 1862**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day,
	83	2	15	hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **-**

MOTHER FATHER
 { 12. Name **WILLIAM MOLLOY**
 { 13. Birthplace **W. Virginia**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **ELLEN YOUNG**
 { 15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Co. Infirmary, Linn Co. - V. J. Young**

(b) Address **Linn Co. Mo.**

17. (a) **Removed** (b) Date thereof **Nov 20 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Linn Co. Mo.**

18. (a) Signature of funeral director **Thorne Hubbs**

(b) Address **Business Mo.**

19. (a) **1/7 1946** (b) **Mrs. Budie Kelley**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **15**
 year **1945** hour **8** minute **30** M.

21. I hereby certify that I attended the deceased from **Feb 8 1945** to **Nov 18 1945**
 that I last saw him alive on **Nov 18 1945**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Heart Disease** Duration **10 yrs**
Chronic Endocarditis **12 yrs**

Due to **-**

Due to **-**

Other conditions **Smoking**
 (Include pregnancy within 3 months of death)

Major findings: Of operations **92%**
 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 **Ray R. Haley** (M. D. or other) **MO**

Address **Brookfield Mo.** Date signed **1/7/46**

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Was not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *Darryl G. Taylor*

Licensed Embalmer No. *3761*

P. O. Address..... *Finney St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.