S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9126

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 217

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1177 N. Rogers 1
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 34

(c) City or town Springfield
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1177 N. Rogers,
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mollie A. Young.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 1

6. (b) Name of husband or wife UNK.

6. (c) Age of husband or wife if alive DOC. years

7. Birth date of deceased June 19, 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name R. T. Arey
13. Birthplace Huntsville (City, town, or county) Ala. (State or foreign country)

MOTHER
14. Maiden name Mary E. Danley
15. Birthplace Berryville (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Sarah T. Bishop
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.

19. (a) 3-5-46 (Date received local registrar) (b) W. E. Hundley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1946 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Unattended by physician to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
probably coronary heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations N.P.	
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 W. E. Hundley (M. D. or other) Local reg. registrar

Address Springfield, Mo. Date signed 3/5/46

111

(Licensed Embalmer's Statement on Reverse Side)

APR 2 2 1960

MAR 29 19[illegible]

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 Albanese

Licensed Embalmer No. 1763

P. O. Address Springfield

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.