

V. S. No. 2
FORM-5-43
Rev. 5-17-39
1 X36871

FILED APR 12 1946

Registration District No. **360**

Primary Registration District No. **3026**

Registrar's No. **45**

1. PLACE OF DEATH:

(a) County Verigan

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

(c) Name of hospital or institution: Nevada Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jennett

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

(d) Street No. 1002 N. Galloway
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Joshua Moffat Molesworth

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Rebecca Clifford

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

7. Birth date of deceased February 22 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>0</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation General Farmer

11. Industry or business _____

12. Name Ephraim Molesworth

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Wayne Molesworth

(b) Address Brewster House

17. (a) Burial (b) Date thereof Mar 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Recreation, Mo.

18. (a) Signature of funeral director Tracy James Payne

(b) Address Nevada, Mo.

19. (a) 3-16-46 (b) Nathaniel Harvey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1946 hour 8 minute PM

21. I hereby certify that I attended the deceased from 3-12 1946 to 3-19 1946
that I last saw him alive on 3-19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

1. Chronic nephritis & uremia

Due to secondary to prostatic hypertrophy.

Other conditions 2. Atherosclerosis, generalized calcified

Major findings: Heart disease

Of autopsy 131

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 Walter Davis (M. Deceasing) _____

Address Nevada, Mo. Date signed 3-16-46

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

08
1
2

10507

RECEIVED

District Health Officer No. 7

3-46-304

Date Filed

4-5-46

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

J B Ferry

Licensed Embalmer No.

1760

P. O. Address

Nevada 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.