S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14130

FILED MAY 7 1946

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 41

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville Gen. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski 85
(c) City or town Richland 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Molly Harrison
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 10 (Day) 1884 (Year)
8. AGE: Years 62 Months Days If less than one day hr. min.
9. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER 12. Name Buck Wedbetter
13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Julia Ann Ronm
15. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
16. (a) Informant Anna Mc Gimpsey
(b) Address Stoutland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director Richard Teeple
(b) Address Richland Mo.
19. (a) 5-3-46 (Date received local registrar) (b) Lonnie B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1946 hour 7:00 minute 40 M.
21. I hereby certify that I attended the deceased from 22 April, 19 46, to 27 April, 19 46 that I last saw h. alive on 27 April, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Sigmoid portion of colon	6 days
Due to	
Due to Obstruction of Large Bowel	ch
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 4	

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 Leo H. Kaiser (M. D. or other) MD
Address Fic Waynesville Mo Date signed 28 Apr 46

35

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1946

OCT 27 1947

JUN 4 1946

MAY 27 1946

DEC 9 1947

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 R B Teeper

Licensed Embalmer No. 3198

P. O. Address Richland 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.