. No. 2
—8-43
5-17-39
I X37823

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

32626

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 10 Primary Registration District No. 5039 Registrar's No. 146

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Rural ~~Molino, Mo.~~ SALT RIVER Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Molino Rock Quary 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. Audrain (b) County 4

(c) City or town Molino Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. #1 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William P. Mollet

3. (b) If veteran, name war No

3. (c) Social Security No. 493-28-9498

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Annie Mollet

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

7. Birth date of deceased April 10, 1886 (Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation Farmer & Rock Quarry worker

11. Industry or business Molino Rock Quarry

FATHER
12. Name Caspar A. Mollet 1
13. Birthplace Ill. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Doeblin
15. Birthplace Ill. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. P. Mollet

(b) Address Molino, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/46 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Mexico Mo

18. (a) Signature of funeral director Clevo Arnold Jr

(b) Address Mexico, Mo.

19. (a) 10/17/46 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day Oct
year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dead unattended by physician 6 19 ;
that I last saw h alive on 174 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death by accident, while working for the Molino Lime Quarry, a partnership his death was due to him having been crushed by a truck which was not being operated by any one said truck was left standing alone and later rolled into a space as a part of Quarry equipment where the deceased was at work, crushing the deceased in such a way that he met his death, then and the body was then removed to the Arnold Funeral Home in

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Mexico Mo Audrain County. at 4

(b) Date of occurrence

(c) Where did injury occur? County, Further evidence (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Known to Coroner Jury & Coroner from a fractured Skull & neck

(Specify type of place)

While at work? yes (e) Means of injury Coroner 3

23. Signature S. C. Adams (M. D. or other)

Address Mexico, Mo Date signed 10-16-46

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1945

RECEIVED
District Health Officer No. 10
District File Number 46-1939
Date OCT 23 1946

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.....

Licensed Embalmer No. 3564

P. O. Address.....

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.