S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35424

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9152

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3400 So. Grand Blvd. 2wks. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23

(c) City or town Wyaconda, Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. NRO
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME John Molloy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June 25 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Wyaconda, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Edward Molloy 11
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Newell 1
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Molloy

(b) Address 3542 Page Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/27/46
(Month) (Day) (Year)

(c) Place: burial or cremation Keokuk Iowa

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) OCT 26 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th year 1946 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Oct 22 1946 to Oct 25 1946 that I last saw him alive on Oct 22 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	3 yrs
Due to Bronchopneumonia	1 Wk
Due to Pulm. Tuberculosis	1 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13
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 E. P. Beddy (M. D. or other)

Address 607 N Grand Date signed 10/25/46

(Licensed Embalmer's Statement on Reverse Side)

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 Joe D. Benz

Licensed Embalmer No. 4709

P. O. Address 2842 Meramec

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.