

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 18 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 387929  
Registrar's No. 142

Registration District No. 275 Primary Registration District No. 3053 5942

1. PLACE OF DEATH:  
(a) County Phelps - Rolla sup  
(b) City or town Rolla - Route 1  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks (Specify whether  
In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Oregon (b) County Multnomah  
(c) City or town Portland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 140 N. W. Maywood Drive  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mollie Belle Huxes  
3. (b) If veteran, name war -  
3. (c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar day 10  
year 1946 hour 10 minute 30 A.M.  
21. I hereby certify that I attended the deceased from  
to 19 to 19;  
that I ~~has~~ saw her alive on Mar 10, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wh  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John S. Huxes  
6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased Aug 4 1867  
(Month) (Day) (Year)

Immediate cause of death Peranary thrombosis Duration  
Due to Arteriosclerosis  
Due to Advanced age

8. AGE: Years 79 Months 3 Days 6  
If less than one day hr. min.  
9. Birthplace Marion Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Stam

Other conditions -  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations -  
Of autopsy - 94A  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business  
12. Name John M. Johnson  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Johnson  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)  
16. (a) Informant James Johnson  
(b) Address Route 1 Rolla Mo  
17. (a) Removal (b) Date thereof Nov 11 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Portland Oregon  
18. (a) Signature of funeral director W. L. Allen  
(b) Address Rolla Mo  
19. (a) 11-11-46 (b) Nedie L. Stoll  
(Date received local registrar) (Registrar's signature)

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?  
While at work? (Specify type of place) (e) Means of injury 3  
23. Signature S. L. J. Jell (M.D. or other) Peranary  
Address Rolla Date signed 10-11-46

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

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**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..... *D. B. [unclear]*  
Licensed Embalmer No..... *3297*  
P. O. Address..... *Roller WMO*

**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.**