

No. 2
M-5-43
7-5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39697**
Registrar's No. **1411**

FILED DEC 30 1946

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (e) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
825 Warsaw Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME Joseph Francis Mollus
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Goldie L. Mollus
 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased July 3 1902
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 17
 If less than one day
 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business St. Joseph Fire Department

MOTHER FATHER
 12. Name Martin Mollus
 13. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Komer
 15. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Goldie L. Mollus
 (b) Address 825 Warsaw Ave.

17. (a) Burial (b) Date thereof Dec. 23, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Norman W. S. Deussen
 (b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 12-23-46 (b) L. G. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 825 Warsaw Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country *

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 20
 year 1946 hour 10 minute 10 P. M.
 21. I hereby certify that I attended the deceased from
3 P.M., 1946, to 20 P.M., 1946,
 that I last saw him alive on 20 P.M., 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease
generalized
 Duration 3 years
 Due to.....
 Due to.....
 Other conditions Anemia, agytomia, ascites
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....
44B
 Of autopsy.....
 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?

While at work? 0 (Specify type of place)
 (e) Means of injury.....
 23. Signature Walter G. McDowell (M. D. or other) M.D.
 Address 301 N. 8th St. Date signed 21 Dec.

2082 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.