

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **39811**
Registrar's No. **426**

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Zullo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No 1 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 mo. 8 days
(Specify whether
 In this community 4 mo 8 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion **14**
 (c) City or town Vienna **1**
(If outside city or town limits, write "RURAL") **2**
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME Mollie Ready

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race white

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

6. (b) Name of husband or wife Richard Ready 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
 year 1946 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from Dec. 20
 1946, to Dec. 28, 1946
 that I last saw her alive on Dec. 28, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day
unknown hr. _____ min. 0

Immediate cause of death Lobar Pneumonia
 Due to Chronic Myocarditis

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

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housework

Major findings: Of operations 108
 Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name unknown **9**

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Richard Ready
 (b) Address Vienna

While at work? _____
(Specify type of place) (c) Means of injury 0

17. (a) Removal (b) -Date thereof 2-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Summersfield Mo

23. Signature J. Omar Thomas (M. D. or other) **0**
 Address Zullo Mo. Date signed 12/28/46

18. (a) Signature of funeral director H.C. Birmingham
 (b) Address Vienna Mo

19. (a) 2-29-1946 (b) Jose Moroskoff
(Date received local registrar) (Registrar's signature)

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

4
1
2

38050

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 8 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 *M. B. Birmingham*

Licensed Embalmer No. *3664*

P. O. Address *Terre Haute*

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.