

FILED OCT 9 1944

Primary Registration District No. 6080

Registrar's No. 47

1. PLACE OF DEATH:
 Ste. Genevieve
 (a) County Ste. Genevieve
 (b) City or town rural Saline Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether
 years, months or days) _____

3. (a) PRINT FULL NAME Mollie Thomure
 (b) If veteran, name war _____
 (c) Social Security No. _____

4. Sex f
 5. Color or race w
 6. (a) Single, widowed, married, divorced w
 (b) Name of husband or wife Nicholas Thomure
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 27 1865
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
78		11	29	hr. _____ min. _____

9. Birthplace St. Genevieve Co. Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

MOTHER FATHER

11. Industry or business _____
 12. Name Robert Haynes
 13. Birthplace N. Carolina U. S. A.
 (City, town, or county) (State or foreign country)
 14. Maiden name Betsy McDaniel
 15. Birthplace Ste Genevieve Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Nicholas Thomure
 (b) Address Farmington, Mo. rt 4

17. (a) burial (b) Date thereof 9/28/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Farmington Und. Co.
 (b) Address Farmington, Mo.
 19. (a) Supt 27-44 (b) T.W. Douglas
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 Ste Genevieve Mo.
 (a) State MO. (b) County Ste Genevieve
 (c) City or town rural near Farmington, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
 year 1944 hour 9 minute 9 M.
 21. I hereby certify that I attended the deceased from Sept 18
 1944, to Sept 26 1944
 that I last saw her alive on Sept 22 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: Inoperable carcinoma of the stomach

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

Major findings: Of operations _____
 Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature J.H. Langhage (M. D. or other)
 Address 408 2nd St. Date signed 9-27-44

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 1044-438

Date Filed 10-6-44

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 Mellie Hartes

Licensed Embalmer No. 2969

P. O. Address Farmington 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.