

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED MAR 30 1948

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9914  
Registrar's No. 86

Registration District No. 316

Primary Registration District No. 6073

74  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Rural Perry Twp.  
(c) Name of hospital or institution:  
Farmington R.R. 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois  
(c) City or town Rural  
(d) Street No. Route 2 Farmington  
(e) Citizen of foreign country? No.

3: (a) PRINT FULL NAME MOLLIE JANIS  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓  
4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mace Janis  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased April 8 1878

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 2nd  
year 1948 hour 9 minute 10 A. M.  
21. I hereby certify that I attended the deceased from Feb  
11, 1948, to March 2, 1948  
that I last saw or alive on March 2, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 10 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic myocarditis & A.  
Due to unknown

9. Birthplace Stons Missouri  
10. Usual occupation Housewife

Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Frank Sigman  
13. Birthplace S. Carolina  
14. Maiden name Jeanne Johanson  
15. Birthplace Illinois

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Mace Janis  
(b) Address R.R. 2 Farmington Mo.  
17. (a) Rural (b) Date thereof 3-4-48  
(c) Place: burial or cremation Martin Chapel  
18. (a) Signature of funeral director Benjamin H. Co.  
(b) Address 313 Benton Boone Sweden  
19. (a) 3-24-48 (b) Esther Rudloff

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury ○  
23. Signature A. L. Evans (M. D. or other)  
Address Boonville Mo. Date signed 3-5-48

RECEIVED

District Health Officer No. 4  
District File Number 348-390  
Date Filed 3-29-48

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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

Lin Counts, Registered Apprentice No. 95  
working under my personal supervision.

Signed Clarence J. Claywell

Licensed Embalmer No. 3766

P. O. Address Bonne Terre 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.**