N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39457
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Joplin
(d) Street No. St Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 411
Primary Registration District No. 2002 Registered No.

2. PRINT FULL NAME 459 Benjamin Franklin Malang
(a) Residence, No. Joplin - 312½ Main
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Bertha Malang
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 17, 1889
7. AGE: YEARS 49 | MONTHS 9 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.: ✓
10. Date deceased last worked at this occupation (month and year): ✓
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin Missouri

FATHER
13. NAME: John M Malang
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No data

MOTHER
15. MAIDEN NAME: No data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No data

17. INFORMANT (ADDRESS): Warren Malang (Son) Webb City Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Floral Hill Burial Estate K.C. Mo. DATE 11/23/38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hedge - Nelson Webb City Mo
20. FILED 11-22, 1938 Ed D James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/20/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1937, to 11-19, 1938
I last saw him alive on 11-19, 1938. Death is said to have occurred on the date stated above, at 6 40 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] Embolism	11-20-38
Coronary or Intracranial	

Other contributory causes of importance:

Squamous Cell Carcinoma of bladder -	1938
Diabetes Mellitus	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R. M. James, M. D.
(Address) Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-719
Date Filed DEC 8 1938

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, E. W. Hedge, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address West Point, Miss

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, above space should be left blank.