

REC'D JAN 23 1939

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

44857  
Do not use this space.

1. PLACE OF DEATH

(a) County Webster 2 Registration District No. 899  
(b) Township Jackson Primary Registration District No. 6209  
(c) City Elkland (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hb's Beatrice MALLARD  
(a) Residence, No. Elkland Mo St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Noah Mallard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 27 MONTHS \_\_\_\_\_ DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
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) Mo. (STATE OR COUNTRY) O

13. NAME A. L. McDaniel

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) O

15. MAIDEN NAME Minnie McKee

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) O

17. INFORMANT Noah Mallard (ADDRESS) Elkland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE Jan 23 1939

19. FUNERAL DIRECTOR (NAME) L. B. Jones (ADDRESS) L. B. Jones Mo.

20. FILED 2-30 1939 E. M. Bailey MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 27 27 38

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9 P m. The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 1938

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) E. M. Bailey, M. D. (Address) Elkland Mo.

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.

MISSISSIPPI BOARD OF EMBALMERS  
STATE OF MISSISSIPPI  
BUREAU OF HEALTH

NO. 100-1000

**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, Clyde Montgomery, or by \_\_\_\_\_  
Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Clyde Montgomery  
Licensed Embalmer No. 3592  
P. O. Address Buffalo Ms.

**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.**