

REC'D FEB 20 1939

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

1088  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 100v  
(c) City Kansas City (d) Street No. In Ambulance on way to St. Luke's Hosp.  
(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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Lawrence Mallicoat  
(a) Residence, No. Martin City, Missouri St.   
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
19 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver  
9. Industry or business in which work was done, as saw mill, bank, etc. Kelsa Bean Truck  
10. Date deceased last worked at this occupation (month and year) Jan., 1939 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandview, Missouri

FATHER 13. NAME William A. Mallicoat

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Missouri

MOTHER 15. MAIDEN NAME Hettie Haver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) D. F. Mallicoat, Res Summit, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton, Missouri DATE Jan. 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. K. George & Sons, Grandview, Missouri

20. FILED Jan 9 39 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-39, 19

22. I HEREBY CERTIFY that I attended deceased from 1-8-39 to 1-8-39, 19...  
I last saw deceased alive 4:30 PM. Death is said to have occurred on the date stated above, 4:30 PM.

The principal cause of death and related causes of importance were as follows:  
Auto Traumatism  
Rupture of the liver  
Hemoperitoneum  
Other contributory causes of importance: 2 1/2 hrs

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

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or other Accident Date of injury 1-8-39  
Where did injury occur? K.C. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Burned over while driving a racing car  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 4  
If so, specify \_\_\_\_\_

(Signed) Arthur S. Huber, M. D.  
(Address) Gen Hosp; K.C. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**