

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.

SEP 6 1939

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

28153
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Tracy Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 3929 Roanoke Registered No. 3155
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 460 WILLIAM EDWARD MALLORY
(a) Residence, No. 3929 Roanoke St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (NAME) T. D. A. M. MALLORY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>2</u>	<u>16</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as saw mill, bank, etc. formerly owned Mallory Motor Co.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Illinois

FATHER

13. NAME Rueben Mallory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois

MOTHER

15. MAIDEN NAME Mary Nesbit

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois

17. INFORMANT (NAME) (ADDRESS) Miss Mrs. M. Mallory 3929 Roanoke

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Forest Hill Aug 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Thompson 1401 Brush Creek Blvd

20. FILED 8-9 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1939

22. I HEREBY CERTIFY, That I attended deceased from June 27 1939 to August 7 1939
I last saw him alive on August 6 1939. Death is said to have occurred on the date stated above, at 4:25 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 10/1/38

Other contributory causes of importance: decompensating heart

Name of operation none Date of
What test confirmed diagnosis? clinical 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? no
If so, specify

(Signed) E. E. Evans M. D.
(Address) 1911 Waldheim Bldg

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

George M. Collier

Licensed Embalmer No. 3839

P. O. Address R.C.M.

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.

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