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 12 1939

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

Do not use this space.

28611

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1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 841
City Saint Joseph (No. Mo. Methodist Hosp. St. Ward)

2. FULL NAME Gary Dale Malson
(a) Residence, No. (Usual place of abode) St., Ward. Gentry, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child Oct 10 1936
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) [illegible]
7. AGE YEARS 3 MONTHS 10 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, 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) Gentry Co Mo

FATHER
13. NAME Albert Malson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo

MOTHER
15. MAIDEN NAME Nellie Coburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co Mo

17. INFORMANT (ADDRESS) Albert Malson Gentry Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stonberry Mo DATE Aug 14 1939
19. UNDERTAKER (ADDRESS) Laloy & Phillips Stonberry Mo
20. FILED Aug 14 1939 H. M. Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1939, to Aug 13, 1939
I last saw him alive on Aug 12, 1939. Death is said to have occurred on the date stated above at 1:50 a.m.
The principal cause of death and related causes of importance were as follows:

Burns by falling in bucket of scalding water

Date of onset

Other contributory causes of importance:

(Shock)

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Name of operation None 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? accident Date of injury 8-12-, 1939
Where did injury occur? Gentry, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell in bucket of scalding water
Nature of injury 2nd degree burns of practically entire body

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Earl Senor, M. D.
(Address) 2609 Mitchell Ave Saint Joseph Mo

STATEMENT BY LICENSED EMBALMER

I, Latoy H. Shelley, Licensed Embalmer No. 1898
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by _____

or by _____, Registered Apprentice No. _____

(Signed) Latoy H. Shelley
Licensed Embalmer No. 1898

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)