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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 3 1940

Registration District No. 311

Primary Registration District No. 5430 4187

Registrar's No.

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Gentry Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Robert Harrison Malson

3. (b) If veteran, name war World War

8. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Walker

6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased May 18 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	8	3	hr. _____ min.

9. Birthplace Gentry Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Sawmill operator

11. Industry or business _____

MOTHER FATHER { 12. Name J. W. Malson

13. Birthplace Decatur, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Sarah A. Fletcher

15. Birthplace Gentry, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. H. Malson

(b) Address Gentry, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan, 24, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Old Brick Cemetery

18. (a) Signature of funeral director _____

(b) Address Albany, Mo.

19. (a) 1-21-40 (Date received local registrar)

(b) W. H. Williamson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Gentry
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1940 hour 10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 21 1940, to Jan 21 1940, that I last saw h. im alive on Jan 21 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury: _____

23. Signature Charles N. Williamson (M. D. or other) MD

Address Gentry Mo Date signed Jan 21-1940

Duration acute

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 11;

District File Number

240-10

Date Filed

FEB 1 Recd
FEB 1 1940

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 _____ Me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3329

P. O. Address Albany, Mo.

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.