

Registration District No. 589

Primary Registration District No. 5787^B

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Bellflower, Mo. 12 1940
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 years
years, months or days

3. (a) PRINT FULL NAME Jorden Hamilton Malicoat

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Clara Malicoat. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 25 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Agricultural.

12. Name James Thomas Malicoat
13. Birthplace (Unknown) Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Louisa L. Morris
15. Birthplace (Unknown) N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant George Malicoat
(b) Address Americus Mo

17. (a) Burial. (b) Date thereof 1 / 20 / 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo.

18. (a) Signature of funeral director Clayton H. Jones

(b) Address Bellflower Mo

19. (a) Jan. 20 1940 (b) Mary Ann Plummer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri - (b) County Montgomery
(c) City or town Bellflower
(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 January day 18th
year 1940 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Jan 14
1940 to Jan 18 1940
that I last saw him alive on Jan 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis 1/14/40
Duration

Due to Apoplexy 1930

Due to § 2 N

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

587 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature A. H. Van Arsdale 3 Do.
Address Bellflower Mo Date signed 1/23/40

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

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.....

Cedric K. Jones....., Registered Apprentice No. 246
working under my personal supervision.

Signed Oland A. Jones.....

Licensed Embalmer No. 2978

P. O. Address Billflower In

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.