S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10178

MED APR 12 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 251

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1501 Francis (If not in hospital or institution, write street number or location) 2

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL") 0

(d) Street No. 13418 Seneca St (If rural, give location)

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

3. (a) PRINT FULL NAME JESSE FERRELL MALOTT 430

3. (b) If veteran, name war ✓

3. (c) Social Security No. 495-016893

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mabel Malott

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 5th (Day) 1879 (Year)

8. AGE: Years 60 Months 11 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Parkville (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Foreman

11. Industry or business Wool Dept. Swift & Co.

FATHER
12. Name Samuel Malott
13. Birthplace Parkville (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Sarah ?
15. Birthplace Parkville (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant David Gilmore

(b) Address St. Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 4th 40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address 1946 Calhoun St. Joseph, Mo.

19. (a) Mar 4, 1940 (Date received local registrar) (b) A. J. Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd. year 1940 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from JAN. 15th, 1940, to MAR. 2 ND, 1940 that I last saw him alive on MAR 2 ND, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Tube / Nephritis

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

Major findings: Of operations ✓

Of autopsy NONE

Duration ?

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? 85 (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature [signature] (M. D. or other) ____

Address Logan Bldg. Date signed 3-2-40.

Holmes

(Licensed Embalmer's Statement on Reverse Side)

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 C. G. Swan

Licensed Embalmer No. 4085

P. O. Address St Joseph

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.