

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.

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

19708
Do not use this space.

FILED JUN 5 1940

1. PLACE OF DEATH

(a) County Scott ² Registration District No. 811
 (b) Township Morely ⁰ Primary Registration District No. 6068 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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 Harold Malone

(a) Residence, No. Scott County Mo. (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 1 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) Morely Township
 (STATE OR COUNTRY) Scott County Mo

13. NAME Hub Malone

14. BIRTHPLACE (CITY OR TOWN) Scott County
 (STATE OR COUNTRY) Mo

15. MAIDEN NAME Letha Tary May Frazier

16. BIRTHPLACE (CITY OR TOWN) New Madrid County
 (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL PLACE McMullin DATE July 19

19. FUNERAL DIRECTOR (NAME) P. A. Hauserer
 (ADDRESS) Osage Mo.

20. FILED May 24, 1940 Mrs L Baugherty
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1940, to May 21, 1940
 I last saw him alive on May 21, 1940. Death is said to have occurred on the date stated above, at 12 P.M.
 The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? N.C.
 If so, specify _____
 (Signed) Edward H. Faust M.D.
 Address Osage Mo.

RECEIVED

District Health Officer No.

District File Number 640-108

Date Filed 6/4/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.