

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32164

Registration District No. 376

Primary Registration District No. 4270 S

Registrar's No.

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Armstrong
(If outside city or town limits, write "RURAL" and name of township)
Rural, Prairie Township
(If not in hospital or institution, write street number or location)
(c) Length of stay: In hospital or institution 2
(Specify whether years, months or days) 43 yrs
In this community

3. (a) PRINT FULL NAME YEWELL FORD MALONE

8. (b) If veteran, name 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 Josie Malone
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased January 17 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 11
If less than one day hr. _____ min. _____

9. Birthplace Randolph Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name A. M. Malone
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bradley
15. Birthplace Mo. Randolph
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josie Malone
(b) Address Armstrong Mo
17. (a) Burial (b) Date thereof Sept. 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ARMSTRONG
18. (a) Signature of funeral director A. Hall
(b) Address Armstrong Mo
19. (a) 9-30-40 (b) W. M. Deenerow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HOWARD
(c) City or town ARMSTRONG, (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 4 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from April 9th 1941 to 9-28, 1940
that I last saw him alive on Sept 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1070-37
Due to Chronic Invasives

Due to _____
Other conditions Right Hemiplegia 3/25/40
(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?
13 2:51
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. M. Deenerow (M. D. or other) 10/20/40
Address Armstrong Mo Date signed _____

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.

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..... *A. H. Oldaker*

Licensed Embalmer No. *1667*

P. O. Address. *Armstrong 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.