

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38291**

X23159

Registration District No. **98**

Primary Registration District No. **5145**

Registrar's No. **12**

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

1. PLACE OF DEATH:

(a) County **Caldwell**
 (b) City or town **New York Twp. (rural)**
(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
 In this community **non-resident** (Specify whether years, months or days) **3**

3. (a) PRINT FULL NAME **Ralph Vain Mallory**

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

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **unknown**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	47			hr. min.

9. Birthplace **Electrician**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

11. Industry or business

12. Name

13. Birthplace **Electrician**
(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

16. (a) Informant **Missouri Highway Patrol**

(b) Address **Jefferson City, Mo.**

17. (a) **burial** (b) Date thereof **Sept 8 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **L. T. Dougherty**

(b) Address **Hamilton, Missouri**

19. (a) **Oct 1 - 1940** (b) **Mrs Ruth Hill**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Texas** (b) County **Tarrant**
 (c) City or town **Fort Worth**
(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.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4th**
 year **1940** hour **about 10 P.M.** minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **violent and accidental - Body severed by train at waist line.**

Due to _____

Due to _____

Other conditions **207 MW**
(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) **accident**

(b) Date of occurrence **September 4th, 1940**

(c) Where did injury occur? **Shoal - Caldwell - Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
one Rock Island Track

While at work? **no** (Specify type of place) **Ran over**
(e) Means of injury

23. Signature **L. T. Dougherty (Corner)** (M. D. or other) **M. D.**

Address **Hamilton, Mo.** Date signed **Sept. 6 1940**

12-16-40-
Identified by finger prints by
Highway Patrol - Apparently no
motor car involved - (Mudge) (Called H.P.)

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.....

L.R. Haughton
....., Registered Apprentice No.....
working under my personal supervision..

Signed.....

L.R. Haughton
.....
Licensed Embalmer No. *3854*

P. O. Address *Hamilton N.J.*

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, fact should be so stated above.

Kingston, Mo.

Jan 31st, 1941

Harry F. Parker, M.D.

Special Agent, Bureau of Census

Jefferson City, Mo.

Dear Sir :

I am returning supplementary report for a death certificate which you are asking for more information on this case. My records do not show anything for these spaces and I cannot find another thing about this fellow as the information which we found for this certificate was given to the undertaker by the Missouri State Patrol, Jefferson City, Mo. from fingermarks they had record on their. This man was found by the railroad track and his body was severed by train at waistline with no papers or indentifications of anysort. I hardly know how to ans. this unless you would mark it unknown, for nothing can be found out here about this case.

Also am sending you a Requisition for supplies and please send these as we are in need of Form 311.

Yours truly,

Mrs Ruth Hill

Mrs Ruth Hill,
Local Registrar #98.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38291

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 98

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town New York T.P.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.
(c) City or town. (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.

3. (a) PRINT FULL NAME Ralph Vain Mallory

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced mtc

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years abt 47 Months Days If less than one day

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Sept day 9 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19... to 19... that I last saw h... alive on 19... and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

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?

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

23. Signature J. M. Daley (If D.O. or other)

Address 1711 1/2 ... Date ...

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

SUPPLEMENTARY