

JAN 21 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43336

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 156

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

1. PLACE OF DEATH

(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution 804 S. Buck St.
(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

3. (a) PRINT FULL NAME JON ROBIN MALOTTE

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

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Dec. 6. 1940.
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Karl Graham Malotte

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

14. Maiden name Harriett Hickman

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

16. (a) Informant Karl Graham Malotte

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof Dec. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo.

19. (a) 12-13 (b) Ed. Marie E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 804 S. Buck St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1940 hour 2 minute 10 a. M.

21. I hereby certify that I attended the deceased from Dec. 10
1940, to Dec. 11, 1940
that I last saw him alive on Dec 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Intra cranial
hemorrhage
Due to unknown cause

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

556 (Specify type of place) _____

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

23. Signature H. M. Halli Jr (M. D. over!)

Address Maryville Mo Date signed 12/12/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.