

APR FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4535

Registration District No. 820

Primary Registration District No. 6069

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Scott

(b) City or town Oran R.F.D.  
(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 20 yrs or more (Specify whether years, months or days)

3. (a) PRINT FULL NAME Geo Malone

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

3. (c) Social Security \_\_\_\_\_

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

7. Birth date of deceased Jan 20 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day one hr. min.

9. Birthplace Oran R.F.D. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Hub Malone

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

14. Maiden name Lexa Frazier

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

16. (a) Informant Hub Malone

(b) Address Oran Mo RFD

17. (a) Burial (b) Date thereof Jan 27 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marley Mo

18. (a) Signature of funeral director T. D. Thompson

(b) Address \_\_\_\_\_

19. (a) 2/5/41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Scott

(c) City or town Oran R.F.D.  
(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.? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 20  
year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Jan 20, 1941;  
that I last saw her alive on Jan. 20, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death premature birth

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

159

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 792

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature C. E. Lewis (M. D. or other) D  
Address Bell City, MO Date signed 1/25/41

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

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RECEIVED

District Health Officer No. 2,

District File Number 241-167

Date Filed 2/6/48

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**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.