

No. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6642

FILED MAR 14 1941/69

State File No. _____
Registrar's No. 10

Registration District No. _____

Primary Registration District No. 5249

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Rural near Dalton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Six miles S of Dalton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

8. (a) PRINT FULL NAME WILLIAM MALONE

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

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Single

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

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

8. AGE: Years August 77 Months - Days - If less than one day hr. _____ min. _____

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

10. Usual occupation farm laborer

11. Industry or business _____

12. Name not known

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant John Siger

(b) Address Dalton Mo R.F.D.

17. (a) buried (b) Date thereof 2-18-41
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion

18. (a) Signature of funeral director John Siger

(b) Address Dalton Mo
19. (a) Feb 17 1941 (b) Harry E. Tatum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Six miles S of Dalton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1941 hour 4 minute 17 M.

21. I hereby certify that I attended the deceased from Feb 10 1941 to Feb 10 1941 that I last saw him alive on Feb 10 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Due to Influenza

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____
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? 158
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John S. Mowery (M. D. or other) J.D.

Address Dalton Mo Date signed 2-17-41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-41

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. D. Barnett
Licensed Embalmer No. 3046
P. O. Address Keytesville 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.