

MAR 19 1941
Registration District No. 587

Primary Registration District No. 587a

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town New Truxton-Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural (Home)
(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 mo (b) County Montgomery
(c) City or town New Truxton mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Louisa Lamanda Malicoat

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Malicoat 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased Oct 15 1848
(Month) (Day) (Year)

8. AGE: Years 92 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Ret house wife

11. Industry or business General duties

12. Name Jessie Morris
13. Birthplace North Dakota
14. Maiden name Louisa Malicoat
15. Birthplace Lincoln Co Mo

16. (a) Informant Mrs Lula Lockhart
(b) Address new Truxton Mo.

17. (a) Burial (b) Date thereof 2-24-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellflower Mo.

18. (a) Signature of funeral director Clayton Jones

(b) Address Bellflower Mo
19. (a) Feb 22, 1941 (b) Marion P. Fleener
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1941 hour 7:00 minute 30 AM.

21. I hereby certify that I attended the deceased from Jan 16
1941 to Feb 22 1941;
that I last saw her alive on Feb 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to arteriosclerosis

Due to _____

Other conditions AM
(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 9

23. Signature W. S. Walls (M. D. or other) MD
Address Bellflower mo Date signed Feb 23, 1941

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

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.

Not embalmed

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.