

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12171

State File No.

Registrar's No.

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community 63 years
years, months or days)

3. (a) PRINT FULL NAME

John Mallum

3. (b) If veteran, name war 1 3. (c) Social Security No. 2

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Married
6. (b) Name of husband or wife Rose Mallum 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 27 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 18 If less than one day hr. _____ min.

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

10. Usual occupation Farmer & Blacksmith

11. Industry or business

12. Name John Mallum

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

14. Maiden name Mary Hertz

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

16. (a) Informant Granville Bramble

(b) Address Marshall, Mo

17. (a) Burial (b) Date there May 16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo

18. (a) Signature of funeral director Campbell

(b) Address Marshall, Mo

19. (a) 3-16-41 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 475 S English
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1941 hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from March 7, 1941, to March 14, 1941,
that I last saw him alive on March 14, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 1

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? 712
(Specify type of place) While at work? (e) Means of injury _____

23. Signature C. L. Lawless (M. D. or other) 11
Address Marshall Date signed 3-16-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-11-41

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

W. Campbell

Licensed Embalmer No. 3469

P. O. Address. *Marshall, 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, fact should be so stated above.