No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14793

Registration District No. 400 Primary Registration District No. 5553B Registrar's No. 74—

1. PLACE OF DEATH:

(a) County Jackson

(b) ~~City or town~~ Rural - Prairie Tp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County O Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 7 days (Specify whether years, months or days)

In this community 35 yrs.

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County Jackson

(c) City or town Rural - Prairie (If outside city or town limits, write "RURAL")

(d) Street No. Route #3 (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME William A. Mallicoat

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Oct (Month) 7 (Day) 1869 (Year)

8. AGE: Years 71 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Polk County O Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER 12. Name Samuel Mallicoat

FATHER 13. Birthplace Polk Co. Mo O Missouri (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Rebecca Lusk

MOTHER 15. Birthplace Polk Co. Mo. O Missouri (City, town, or county) (State or foreign country)

16. (a) Informant M. F. Mallicoat

(b) Address R 3 Lee's Summit Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-41 (Month) (Day) (Year)

(c) Place: burial or cremation Belton Mo

18. (a) Signature of funeral director H B Langsford

(b) Address Lee's Summit Mo

19. (a) 4/10/41 (Date received local registrar) (b) Lee G Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 11, 1941, to April 8, 1941 that I last saw him alive on April 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 mo.
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. O. Kennedy (M. D. or other) D.M.D.

Address Little Blue, Mo Date signed 4/9/41

(Licensed Embalmer's Statement on Reverse Side)

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 N B Langsford

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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.