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FILED JUN 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18338

Registration District No. 508

Primary Registration District No. 5674

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural Chillicothe Miss.
(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 _____ (Specify whether _____)
In this community 20 yrs.
years, months or days

3. (a) PRINT FULL NAME HARVEY MALLET

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bessie Mallett

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

7. Birth date of deceased Aug. 15 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>9</u>	<u>15</u>	hr. _____ min.

9. Birthplace Livingston Co. Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Harvey Mallett

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

14. Maiden name Emma Mallett

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

16. (a) Informant Eddie Henderson

(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof June 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood

18. (a) Signature of funeral director James D. Jordan

(b) Address Chillicothe, Mo.

19. (a) 6-2-41 (b) W. M. M. E.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. Chillicothe Miss.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 1
_____ 1941 to May 30 1941
that I last saw him alive on May 130 1941
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to hypertension

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? _____

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

23. Signature W. M. M. E. (M. D. of other) _____

Address Chillicothe, Mo. Date signed 6/2/41

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.

Signed.....

Ronald J. Gordon

Licensed Embalmer No. *4191*.....

P. O. Address *Chillicothe, 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.