

No. 2  
-4-41  
17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21452**

Registration District No. **201** Primary Registration District No. **5280** Registrar's No. **67**

1. PLACE OF DEATH:  
(a) County **to lay Liberty**  
(b) City or town **Liberty**  
(c) Name of hospital or institution: **County Jail**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 weeks**  
In this community **15 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** County **to lay 24**  
(b) City or town **to lay 24**  
(c) Name of street (If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **James Malloy**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **16**  
year **1941** hour **4** minute **-** A.M.

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

21. I hereby certify that I attended the deceased from **June 12** 1941 to **June 16** 1941;  
that I last saw him alive on **June 16** 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **at** Days **19** If less than one day hr. min.

Immediate cause of death **General Atherosclerosis 10 yrs**  
Duration

9. Birthplace **Albany N.Y.**  
(City, town, or county) (State or foreign country)

Due to **97**

10. Usual occupation **none**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business **unknown**  
12. Name **unknown**  
13. Birthplace **9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **9**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Robert Thomas They**  
(b) Address **Liberty Mo**

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?

17. (a) **Burial** (b) Date thereof **June 16 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Chandler Mo**

18. (a) Signature of funeral director **Chandler, Wreper Co**  
(b) Address **Liberty Mo**  
19. (a) **June 16 - 41** (b) **Neder Early**  
(Date received local registrar) (Registrar's signature)

23. Signature **Burton Malloy** (M. D. or other) **C.M.D.**  
Address **Liberty Mo** Date signed **June 16 1941**

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

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 <sup>not</sup>.....

Registered Apprentice No. \_\_\_\_\_

~~working under my personal supervision~~

Signed..... *Edgar Archer*

Licensed Embalmer No. *3311*

P. O. Address..... *Liberty, W.*

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.