

JAN 12 1942

Registration District No. **623**

Primary Registration District No. **5864**

Registrar's No. **80**

1. PLACE OF DEATH:

(a) County **Peru**
(b) City or town **Peru, Mo. (Rural)**
(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 **30 years.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) City or town **Peru, Mo.**
(If outside city or town limits, write "RURAL")
(b) County **Peru**
(c) City or town **Peru, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **5**
year **1941** hour **12:30** minute **0** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy** Duration _____

Due to _____

Due to **83a!**

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? _____

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

23. Signature **Walter D. Moore** (M. D. or other) _____
Address **Peru** Date signed **1/12/42**

3. (a) PRINT FULL NAME **Andrew M. Mallette**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **Dec. 15, 1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Kenton, Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **W. B. Mallette**

13. Birthplace **Chambers, Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Wiley Mallette**

15. Birthplace **Peru, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. E. Mallette**

(b) Address **Peru, Mo.**

17. (a) **Peru, Mo.** (b) Date thereof **12-6-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Peru, Mo.**

18. (a) Signature of funeral director **Smith**

(b) Address **Peru, Mo.**

19. (a) **12-6-42** (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

V-42-4

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.....

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42.660

Registration District No. 653

Primary Registration District No. 5864

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Wright
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Andrew Mallette

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased Dec 15 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 10 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 12-6-41 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

By: Opal M. Clasky

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

S-42660