

No. 2
4-13-40
5-17-39
X29159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1337

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 193

1. PLACE OF DEATH Jackson
(a) County _____
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 47 mo
years, months or days)

3. (a) PRINT FULL NAME Theodore R. Malicoat
3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-18-4030

4. Sex M. 5. Color or race W. 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 Dec 31 - 1919
(Month) (Day) (Year)

8. AGE: Years 22 Months 0 Days 14 If less than one day
hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name Henry B. Malicoat

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

14. Maiden name Sally Ruby

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

16. (a) Informant Henry B. Malicoat

(b) Address 2200 Summit Mo

17. (a) Burial (b) Date thereof 1-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Sheil

(b) Address 6606 W. 94th

19. (a) 1/16/42 (b) M. M. Brown
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4411 Monroe
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th
year 1942 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from 1-13-42 to 1-15-42
that I last saw h. er alive on 1-15-42
and that death occurred on the date and hour stated above.

Immediate cause of death Fulminating septicemia acute (staphylococcc)

Due to _____

Due to _____

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

Major findings: Of operations etc.

Of autopsy See above

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? (Specify type of place) _____

(e) Means of injury _____

23. Signature Henry B. Thow (M. D. or other) _____

Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Mc

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.