

FILED FEB 27 1942

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Oscar Adam Malpan

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 Elnora Malpan 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased May 25 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 7 Days 15 hr. _____ min. _____
If less than one day

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Malpan

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

14. Maiden name Iida Heddeman

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

16. (a) Informant Elnora Malpan

(b) Address Russellville Mo

17. (a) Burial (b) Date thereof 1-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russellville

18. (a) Signature of funeral director Wm. H. Schubert

(b) Address Russellville Mo

19. (c) 1-12-42 (d) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole
(c) City or town Russellville Mo (Rural)
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1942 hour 37 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 6 42
1942, to January 20 1942
that I last saw him alive on Jan 19 42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis
Duration 3 days & 6 hrs

Due to Cold & otitis media

Due to Meningitis due to a Diplo meningococcus

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Not reported
Of operations 6
Of autopsy Not made
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? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. S. Summers (M. D. or other) _____

Address Jefferson City Mo Date signed 1/12/42

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

4
5
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.....

Hugh D. Schuck

Licensed Embalmer No.....

2870

P. O. Address.....

Russell

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.