DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14924

State File No.

Registration District No. 548 Primary Registration District No. 4323 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 122 South Logan Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 122 South Logan Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Clara Ellen Mallory

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Frank Mallory

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

7. Birth date of deceased August (Month) 10 (Day) 1851 (Year)

8. AGE: Years 90 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name No record
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Sprittle
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Cook
(b) Address Palmyra, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director Lewis Brown
(b) Address Palmyra, Missouri

19. (a) 4/14/42 (Date received local registrar) (b) Mrs Margaret Maddox Deputy (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1942 hour 8 minute 45 p M.

21. I hereby certify that I attended the deceased from Mar 5, 1942 to Apr 8, 1942; that I last saw her alive on Apr 5, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Auricular fibrillation	
Due to Myocarditis (Chronic)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 J H Hill M D (M. D. or other)
Address Palmyra, Mo Date signed 4/13/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X1951

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. 2380

P. O. Address Palmyra 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, above space should be left blank.