S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17752

State File No.

FILED JUN 16 1942

Registration District No. 198

Primary Registration District No. 8011

Registrar's No. 90

24
1
1

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 310 W. Excelsior St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 997 15 0

(a) State M Iowa (b) County

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

(d) Street No. ..... (If rural, give location) 2

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Riley Malcomson

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced 2 W

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 27 (Day) 1861 (Year)

8. AGE: Years 81 Months 2 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Henry Malcomson
13. Birthplace unkown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Asenath Scott
15. Birthplace unkown (City, town, or county) 9 (State or foreign country)

16. (a) Informant ✓ Mrs Jessie Potter

(b) Address Excelsior Springs Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation Colfax, Iowa.

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs Mo.

19. (a) 6-3-42 (Date received local registrar) Mrs Sadie Redmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1942 hour 11.50 minute A. M.

21. I hereby certify that I attended the deceased from 5-18-42, 19..., to 6-2, 1942 that I last saw him alive on June 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: (1) Systemic Toxemia	
(2) Due to Carcinoma of Recto-Sigmoid area (X-ray)	5-7 mo.
(3) Due to Carcinoma of Prostate	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

51 P

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 [signature] M.D. or other

Address 217-221 S. Main Date signed 6-2-42

1166 (Licensed Embalmer's Statement on Reverse Side) Excelsior Springs, Mo

RECE[illegible]

[illegible] No. 8,

District File Number

Date Filed 6-9-42

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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, fact should be so stated above.