DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24244

Registration District No. 7122 (AUG 19 1942)

Primary Registration District No. 6226

Registrar's No.

1. PLACE OF DEATH:

(a) County DOUGLAS

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

(c) Name of hospital or institution: 1 Clay Zuns (If not in hospital or institution, write street number or location) 0

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County DOUGLAS

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

(d) Street No. ..... (If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME FRED MALLERNEE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CLARA KELLER MALLERNEE

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

7. Birth date of deceased July (Month) 22 (Day) 1870 (Year)

8. AGE: Years 72 Months 0 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Store Keeper

11. Industry or business SOLO GENERAL MDS.

FATHER 12. Name HENRY MALLERNEE

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

MOTHER 14. Maiden name MATTIE MALLERNEE

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

16. (a) Informant Henry MALLERNEE (SON)

(b) Address COLD SPRINGS, MO.

17. (a) Burial (Burial, cremation or removal) (b) Date thereof July 29, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation DENLOW

18. (a) Signature of funeral director Russell Barber

(b) Address Gatewood, Mo.

19. (a) 8-9-1942 (Date received local registrar) (b) Mrs Charles Cramer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour 2 minute ..... P. M.

21. I hereby certify that I attended the deceased from July 2nd 1942 to July 28 1942 that I last saw him alive on July 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to ..... Duration

Due to ..... Duration

Other conditions (Include pregnancy within 3 months of death) ..... Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....

Address ..... Date signed .....

1056 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 842-1234
Date Filed AUG 13 1942

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Nitro, Texas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24244

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:
(a) County: Douglas
(b) City or town: Rural Coldsprings Mo
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Several years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Douglas
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Coldsprings Mo.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Fred Mallenee
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: M
6. (b) Name of husband or wife: Clara
6. (c) Age of husband or wife if alive: Don't know years
7. Birth date of deceased: July (Month) 22 (Day) 1870 (Year)
8. AGE: Years 72 Months 0 Days ..... (If less than one day) ..... hr. ..... min.
9. Birthplace: (City, town, or county) Ohio (State or foreign country)
10. Usual occupation .....
11. Industry or 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) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation: Denlow Mo.
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) August 1-1942 (Date received local registrar) (b) Mrs Charles Cramer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 8 year 1942 hour ..... minute ..... 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	Duration
Due to	
Due to	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? ..... (c) Means of injury .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY