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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33736**  
Registrar's No. **741**

Registration District No. **475**

Primary Registration District No. **2000**

9  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(c) Name of hospital or institution: **Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **JOHN MELVIN MALCOLM**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **MALE** 5. Color or Race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Jane Richard Malcolm** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **APRIL 8, 1872**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Unknown Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **MERCHANT**

11. Industry or business **WHOLESALE GROCER**

12. Name **JOSEPH MALCOLM**

13. Birthplace **Unknown UNKNOWN 9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Everett Malcolm**

(b) Address **WEST PLAINS, Mo.**

17. (a) **Removal** (b) Date thereof **OCT. 14, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WEST PLAINS, Mo.**

18. (a) Signature of funeral director **Hal Thourberg**

(b) Address **WEST PLAINS, Mo.**

19. (a) **10-14-42** (b) **S. W. E. Handley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **HOWELL**  
(c) City or town **WEST PLAINS, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **16 GROVE ST.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **No.** 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **14** year **1942** hour **12** minute **55 PM** M.

21. I hereby certify that I attended the deceased from **Oct 11** 1942 to **Oct 14** 1942

that I last saw him alive on **Oct 14** 1942 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Carcinoma of the Bladder**

Due to \_\_\_\_\_  
Other conditions **Uremia**  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations **H&E**  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 **Hal Thourberg** (M. D. or other) **MD**  
Address **Springfield Mo.** Date signed **Oct 15 1942**

MAY 7 1948

DEC 4 1944

DEC 28 1944

**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 \_\_\_\_\_

*Hal Thomburg*

Licensed Embalmer No. \_\_\_\_\_

*3406*

P. O. Address \_\_\_\_\_

*West Plains, 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.**

*J. I.*