S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37239

State File No.

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 71

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 47
(a) State Missouri (b) County Iron 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles East of Pilot Knob
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George John Pallo
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Pallo
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased April (Month) 6 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
44	7	21	hr. min.

9. Birthplace Aurora (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation farmer
11. Industry or business
FATHER 12. Name George Pallo
13. Birthplace Hungary (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs Mary Pallo
(b) Address Ironton Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Knob Mo.
18. (a) Signature of funeral director Norman White & Sons
(b) Address Lucal White Ironton Mo.
19. (a) 11-30-42 (Date received local registrar) (b) Virgina R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1942 hour 1 minute 30 A M.
21. I hereby certify that I attended the deceased from Oct. 7 1942 to Nov. 27 1942 that I last saw him alive on Nov. 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of lung	4 mos
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)
(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 0
23. Signature Ben M. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 11-30-42

1282

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3
District File Number 1242-1460
Date Filed 12-8-42

MAR 25 1946

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 Amiel J. White

Licensed Embalmer No. 3012

P. O. Address Gordon Nebr.

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.