DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2127

State File No.

FILED FEB 5 1943

Registration District No. 1437 Primary Registration District No. 3019 Registrar's No. 6

1-9-41
5-17-39
I X29484

35
2

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Kennett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 504 North
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kittie Wayne Malloy
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 26 1921 (Month) (Day) (Year)

8. AGE: Years 21 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Senath, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Elbert Malloy
13. Birthplace Kennett Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tina Ray
15. Birthplace Kennett, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary S. Ray
(b) Address Kennett, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Senath, Mo
18. (a) Signature of funeral director Paul Solomon
(b) Address Kennett, Mo
19. (a) 1-16-43 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

401

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 22 year 1943 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 1-1, 1943, to 1-15, 1943 that I last saw h. E.R. alive on 1-15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Abscesses Puerperal Sepsis Septicemia — Duration
Due to Abortion
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

23. Signature G. R. Presnell O (M. D. or other) M.D.
Address Kennett, Mo Date signed 1-16-43

RECEIVED
District Health Office No. 2,
District File Number 243149
Date Filed 2-3-43

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 A. P. Salmon

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.

. S. No. 2B
OM—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. 2127

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

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

3. (a) PRINT FULL NAME Kittie Wayne Malloy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 26 1922 (Month) (Day) (Year)
8. AGE: Years 21 Months 5 Days 0 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (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, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death multiple abscess
Puerperal Lepsis
Septicemia
Due to abortion
Due to (Spontaneous)
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 141d
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)
(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 G. L. Presnell (M. D. or other)
Address Kennett Mo. Date signed 3-3-43

SUPPLEMENTARY