

No. 2
1-4-41
5-17-39
1 X2839

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2260

State File No. _____

FILED FEB 8 1943

Registration District No. 221

Primary Registration District No. 4200

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Ash Grove
(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)
In this community Wife _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Ulysses Sylvester Malicoat

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lora V. H. 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Sept. 19 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Greene Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name Samuel Andrew Jackson Malicoat
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Martha Kelley
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lora Malicoat
(b) Address Ash Grove Mo.

17. (a) Burial (b) Date thereof Jan 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eudora Cemetery

18. (a) Signature of funeral director Herald Brim

(b) Address Walnut Grove Mo.

19. (a) Jan 29 1943 (b) J. B. Brim
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Ash Grove
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1943 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from May
_____ 1942 to Jan _____ 1943;
that I last saw him alive on Jan 26 _____ 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pulmonary oedema

Due to Cerebral Hemorrhage

Due to _____
Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings:
Of operations None Performed
Of autopsy None

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 Charles H. McFadden (M.D.)
Address Ash Grove, Mo. Date signed 1-28-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3
8-43

1254

RECEIVED

Greene County Health Officer

County File Number 43-2-14

Date 2/5/43

6781 0 1111

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 J. W. Birch
Licensed Embalmer No. 3856
P. O. Address Ash Grove, 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.