

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3093
Registrar's No. 22

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(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
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis
(c) City or town Sedalia Mo.
(d) Street No. 200 S Washington
(e) Citizen of foreign country? Yes
If yes, name country

3. (a) PRINT FULL NAME William J. Ma Loney
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or Race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eula Ma Loney
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Aug 20th 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days
If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Haul

12. Name R. M. Ma Loney
13. Birthplace Johnson Co Mo.
14. Maiden name Malinda E. Talley
15. Birthplace Johnson Co. Mo.

16. (a) Informant Eula Ma Loney
(b) Address 200 S. Washington Sedalia

17. (a) Removal (b) Date thereof Jan-22-43
(c) Place: burial or cremation Rocks Springs, Holden Mo.

18. (a) Signature of funeral director B. F. Parker
(b) Address La Monte Mo.

19. (a) 1-22-43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 20 day Jan 43
year hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan 18 to Jan 20 1943
that I last saw him alive on Jan 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary tuberculosis
Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 2 yrs.
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?
(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 W. E. Bess M.D. (M. D. or other)
Address Sedalia Mo. Date signed 1-27-43

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

80
6
4

80
6
4

3

10-2

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-4-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.