

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

19179  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Saline Registration District No. 324  
 (b) Township Marshall Primary Registration District No. 6093  
 (c) City Marshall (d) Street No. 71  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. 9  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 84

**2. PRINT FULL NAME** Troy Hollis Maloney

(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city)  
 (If nonresident, give city or town and State) 1

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE OW 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 0  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 - 1823  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
20 1 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Arthur Maloney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Hattie Farrington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Ms. State School Records Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Canoeville Mo. DATE 4-14, 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Short Marshall Mo.

20. FILED 4-13, 1943 Wm T. O'Westbrook Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1943

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1942 to April 12, 1943  
 I last saw him alive on April 12, 1943 Death is said to have occurred on the date stated above, at 7:00 m.  
 The principal cause of death and related causes of importance were as follows:

Hypo-static pneumonia  
Influenza

Date of onset April 11

Other contributory causes of importance: 33a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Stethoscope Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Saline Missouri Board of Health M. D.  
Missouri State School, Marshall Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 20 1943

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5-15-43

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

*Ronald W. Short*

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

*2757*

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

*Marshall, W.V.*

**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, above space should be left blank.**