

13-40
17-39
X23193

FILED JUL 12 1943 4
Registration District No. _____

Primary Registration District No. 4136

Registrar's No. 31-29

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Clinton

(c) City or town Plattsburg
(If outside city or town limits, write "RURAL")

(d) Street No. P.R. -
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME STEPHEN F. MALOTT

MEDICAL CERTIFICATION

3. (b) If veteran, name war no

3. (c) Social Security No. 500-07-1350

20. DATE OF DEATH: Month June day 8 year 1943 hour 12 minute 05 A. M.

4. Sex Male 5. Color White

6. (a) Single, widowed, married, divorced widower

21. I hereby certify that I attended the deceased from January 1940, 19 , to June 8, 1943 that I last saw him alive on June 7, 1943 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Dolly MALOTT

6. (c) Age of husband or wife if alive no years 13 (Day) 1865 (Year)

Immediate cause of death Chronic Myocarditis

Duration 10 yrs

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>77</u> | <u>9</u> | <u>25</u> | hr. _____ min. |

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farm Laborer

11. Industry or business _____

12. Name Milton Malott

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Moran

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Guy Galden

(b) Address Plattsburg, Mo.

17. (a) _____ (b) Date thereof 6-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary's Cem.

18. (a) Signature of funeral director W. L. Martin

(b) Address Plattsburg

19. (a) 6-9-43 (b) Wm A. C. Hartell
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury

23. Signature S. D. Reynolds (M. D. or other) _____
Address Plattsburg Mo Date signed 6-8-43

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

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MISSOURI DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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

Gas L. Martin

Licensed Embalmer No. *4303*

P. O. Address *Plattsburgh*

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.