V. S. No. 2
OM—9-4-41
5-17-39
I X29484

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

21646

State File No.

FILED JUL 12 1943

Registration District No. 785

Primary Registration District No. 3127

Registrar's No. 55

49
6
2

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Jane Chinn Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 6

(c) City or town Webb City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 12½ South Main Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Elizabeth ~~Ferguson~~ Donaldson Mallos

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F.

5. Color or race W.

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married

6. (b) Name of husband or wife James Mallos

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 7, 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	5	8	hr. min.

9. Birthplace Brooklyn, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

12. Name Pete ~~Ferguson~~ Donaldson

13. Birthplace Long Island, New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Nickelson

15. Birthplace no data New York
(City, town, or county) (State or foreign country)

MOTHER FATHER

Corr by 5 H Hetta

16. (a) Informant Husband-- James Mallos

(b) Address Webb City, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/18/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) June 17, 1943 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1943 hour 11:45 minute A.M.

21. I hereby certify that I attended the deceased from
april 18, 1943, to June 15, 1943
that I last saw her alive on June 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to High arterial tension

Due to

Other conditions
(Include pregnancy within 3 months of death)

83 b

Major findings:
Of operations

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)

(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 M S Slaughter Sr. M.D. (or other)

Address 205 W Broadway Date signed 6-17-43

Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

43-6-530

Slaughter

JAN 27 1940

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 C W Hedgl

Licensed Embalmer No. 2859

P. O. Address Webb City 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.

State of Missouri } ss.
County of Jasper

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 55

On this 1 day of May, 1944, before me appears James P. Mallos Sr., who, upon his oath, states that the original record of ~~birth~~ death for Elizabeth Mallos, died June 15, 1943, in the State of Missouri, and which was filed at Webb City, Mo. on June 15, 1943, should be corrected as follows:

Item No. 3 should read Elizabeth Donaldson Mallos
Instead of Elizabeth Ferguson Mallos

Item No. 12 should read Peter Donaldson
Instead of ~~Peter~~ Pete Ferguson

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant James P. Mallos Sr. Husband
Relationship.

Webb City, Mo.
Present Address.

Subscribed and sworn to before me this 1 day of May, 1944.

My Commission expires May 27, 1944 Frank C. Nelson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

S-21646

MAY 17 19[illegible]