

FILED JUL 19 1943
Registration District No. _____

Primary Registration District No. 5273

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Nixa Rural Post Office, Christian
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community most of Her Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian

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

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? No. (Yes or/No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary F. Malbournell

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1943 hour 5 minute 30 P.M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married 2 divorced, widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 6 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1st 1943 to April 26 1943 that I last saw her alive on April 20 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

84 10 20 hr. min.

Immediate cause of death: Valvular Heart trouble followed by Apoplexy
Due to Dropsy left eye

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

Due to _____

10. Usual occupation House Keeper

Other conditions (Include pregnancy within 3 months of death) 92d

11. Industry or business _____

Major findings: Of operations _____

12. Name Wm Mc Cafferty

Of autopsy _____

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

14. Maiden name Nancy Kemmer

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

16. (a) Informant Saymore Malbournell

(b) Address Nixa Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28-43
(Month) (Day) (Year)

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 J. J. Wade (M. D. or other) _____
Address Spring Mo Date signed 5-8-43

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Opark Mo

19. (a) April 30 1943 (Date received local registrar) Edna Beard Leggett (Registrar's signature)
June 29, 1943 1249 (Licensed Embalmer's Statement on Reverse Side)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 243-868

Date Filed JUL 16 1943

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Orank 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.