

FILED NOV 5 1943 X35697

Registration District No. 303

Primary Registration District No. 6045

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Kelly Ripley  
(b) City or town Bennett, Miss.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution rural  
(Specify whether in this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. Kelly County  
(c) City or town Bennett, Miss.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Charles A. Malone

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Aronia  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 6, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 7 18 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Tom Malone

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

14. Maiden name unknown

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

16. (a) Informant W. A. Malone

(b) Address Edna, Texas

17. (a) \_\_\_\_\_ (b) Date thereof 8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bennett, Mo.

18. (a) Signature of funeral director H. E. Jordan

(b) Address Danville, Mo.

19. (a) 8-18-43 (b) E. D. Johnston  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24,  
year 1943 hour 14 minute P. M.

21. I hereby certify that I attended the deceased from August 14,  
1943 to August 24, 1943  
that I last saw him alive on August 14, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to aortic Regurgitation

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. E. Williams (M. D. or other)  
Address Danville, Mo. Date signed 9-18-43

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

RECEIVED

District Health Officer No. 5,

District File Number. 1143627

Date Filed 11-4-43

---

---

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.**