

S. No. 2  
M-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15310  
State File No. ....  
Registrar's No. 1030

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: 909 1/2 College  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 909 1/2 College  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME James E. Maloy  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Unknown  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased. June 29, 1876  
(Month) (Day) (Year)

8. AGE: Years 67, Months 8, Days 15, hr. min.

9. Birthplace Marion Co., Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. A. T. Longe

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Dec. 19, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer  
(b) Address Springfield, Missouri

19. (a) 12-21-43 (b) or W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th  
year 1943 hour 3:25 minute A. M.

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

Immediate cause of death Cardiac accident (Sudden death)  
Due to

Due to

Other conditions: Tuberculosis, Pulmonary (Include pregnancy within 3 months of death)  
Far advanced, active

Major findings: Of operations 13 ft  
Of autopsy

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?

23. Signature James P. Amos (M. D. or other)  
Address Springfield, Mo. Date signed 12-21-43

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 Lewis G. Hardy

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.**