

V. S. No. 2  
00M-5443  
Rev. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

State File No. **9936**

**FILED MAR 23 1945**  
Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **112**

179  
2  
5

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

**1. PLACE OF DEATH:**

(a) County Jupiter  
 (b) City or town Jupiter  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. John Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether)

In this community \_\_\_\_\_  
 years, months or days

**3. (a) PRINT FULL NAME** Joseph Herbert Malloy

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 6 1941  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>4</u>		<u>25</u>	hr. _____ min.

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

10. Usual occupation Infant

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

**MOTHER FATHER**

12. Name Joseph Minley Malloy  
 13. Birthplace Honolulu Okeala  
(City, town, or county) (State or foreign country)  
 14. Maiden name Hazel Marie Ecker  
 15. Birthplace Liberal Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph F Malloy  
 (b) Address Liberal Mo.

17. (a) Burial (b) Date thereof 3-3-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberal Mo.

18. (a) Signature of funeral director J. M. Berkey  
 (b) Address Mulberry Kansas

19. (a) 3-1-45 (b) Arthur S. Schaller  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barlow  
 (c) City or town Liberal  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Beaumont 182  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 1  
 year 1945 hour 5 minute 30 AM.

21. I hereby certify that I attended the deceased from 2-27 1945 to 3-1 1945  
 that I last saw h. u alive on 2-27 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza  
 Due to Acute Cardiac dilat  
Hydrocephalus

Duration  
48 hr  
48 hr

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

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**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 [Signature] (M. D. or other) \_\_\_\_\_  
 Address Liberal Mo. Date signed 3/1/45

1204

45-3-211

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: *J. M. Berkeley*  
.....  
Licensed Embalmer No. *2336*

P. O. Address *Mulberry Lane*

**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.