

Registration District No. 13

Primary Registration District No. 5056

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Pierrre City, Mo. Rural Cass Co. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 1 year, mo
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Pierrre City, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME John Joseph Maloski

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 Widowed
6. (b) Name of husband or wife Julia Jaster Maloski 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 16th 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Pierrre City, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name John Maloski 11
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)
14. Maiden name Regina 7
15. Birthplace ? 7
(City, town, or county) (State or foreign country)

16. (a) Informant Regina Maloski
(b) Address Pierrre City, Mo.

17. (a) Burial (b) Date thereof 3-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial - Bruce Field

18. (a) Signature of funeral director Niewienyas
(b) Address Pierrre City, Mo.

19. (a) Mar-10-1945 (b) Audora Willoughby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 16th
1943, to Mar 8, 1945;
that I last saw him alive on Mar 7, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary T.B.
Duration 2 yr.

Due to _____

Due to 13 yr

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
Means of injury _____
23. Signature Charles J. Moore (M. D. or other) 100
Address Pierrre City Mo Date signed 3/9/45

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

005

RECEIVED

District Health Officer No. 6,

District File Number 446-488

Date Filed APR 24 1945

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Victor O. Keeney

Licensed Embalmer No. 3822

P. O. Address Siene 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, above space should be left blank.