

FILED MAY 7 1945

Registration District No. Primary Registration District No. 0238

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Belgrade  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Gil B. Mallow

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 Married

6. (b) Name of husband or wife Effie Mallow 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Sept 26 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington Co Mo. 1  
(City, town or county) (State or foreign country)

10. Usual occupation Retired farmer

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

12. Name Barney Mallow

13. Birthplace Virginia 1  
(City, town or county) (State or foreign country)

14. Maiden name Lucy Miller

15. Birthplace Virginia 1  
(City, town or county) (State or foreign country)

16. (a) Informant Effie Mallow

(b) Address Belgrade Mo.

17. (a) Burial (b) Date thereof 4-8-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belgrade Mo.

18. (a) Signature of funeral director C. F. Sparks  
(b) Address Patou Mo.

19. (a) 4-12-45 (b) Ella White  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1945 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-20, 1945 to 4-5, 1945  
that I last saw him alive on 4-4, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death fringomyia

Duration \_\_\_\_\_

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

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

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

1091 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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. T. Yeager (M. D. or other) \_\_\_\_\_  
Address Belgrade Date signed 4-16-45

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

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

no sig. on supplement.

810

RECEIVED

District Health Officer No. 4

District File Number 545-54

Date Filed 5-4-48

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

*Ewert J. J. J.*

Licensed Embalmer No.

4287

P. O. Address

*7101 River View*

**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.