S. No. 2
M—8-43
5-17-39
P1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28001

FILED AUG 18 1945

Registration District No. 12 Primary Registration District No. 4339 Registrar's No. 41

1 2 5

1. PLACE OF DEATH:
(a) County: MONROE
(b) City or town: PARIS (If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: MC MURRY HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 16 DAYS (Specify whether years, months or days) In this community: D

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE
(c) City or town: PARIS (If outside city or town limits, write "RURAL")
(d) Street No.: MC BRIDE ST. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country:

3. (a) PRINT FULL NAME: BENNIE HELEN MALLORY
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: JOHN MALLORY
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: DEC. 31, 1873 (Month) (Day) (Year)
8. AGE: Years 71 Months 6 Days 18 If less than one day hr. min.
9. Birthplace: MONROE CO. (City, town, or county) MO. U (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: ✓
12. Name (Father): JOHN C. FOREMAN
13. Birthplace (Father): MONROE CO. (City, town, or county) MO. (State or foreign country)
14. Maiden name (Mother): LAURA V. MILLER
15. Birthplace (Mother): MONROE CO. (City, town, or county) MO. (State or foreign country)
16. (a) Informant: Ruby Farrell
(b) Address: HOLLIDAY, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 7-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation: CEDAR GROVE
18. (a) Signature of funeral director: Speed & Blakey
(b) Address: Paris, Missouri.
19. (a) 7-20-45 (Date received local registrar) (b) Mayme Gaston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19 year 1945 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb. 25 1940, to July 19 1945, that I last saw her alive on July 19 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Right Breast	18 MO.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	D

Major findings:
Of operations:
Of autopsy: 50

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: M.C. McMurry (M.D. or other)
Address: PARIS, MO. Date signed: 7-20-45

1374 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-45-1266
Date Filed AUG 16 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed A S Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, Missouri.

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.