

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

43
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0

1. PLACE OF DEATH:

(a) County Nickerson

(b) City or town Weaubleau
(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 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory 43

(c) City or town Weaubleau 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Charles A. Malott

3. (b) If veteran, name war: 20

3. (c) Social Security No. 497-12-9146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1945 hour 5 minute 15 A.M.

4. Sex Male 5. Color or race w

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della Malott 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 11-17-1875
(Month) (Day) (Year)

I hereby certify that I attended the deceased from May 1, 1945 to Aug 11, 1945 that I last saw him alive on Aug 3, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

69 8 24 hr. min.

Immediate cause of death: Stroke dorsalis

Duration 2 1/2 hrs

9. Birthplace Cooper County, Mo.
(City, town, or county) (State or foreign country)

Due to Final sclerosis

Due to 1940

Other conditions: 1940
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings: Of operations 87!

Of autopsy:

PHYSICIAN: 1940

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business:

12. Name George D. Malott

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

14. Maiden name Ruth, Harrut

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

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? 87!
(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)

16. (a) Informant Della Malott

(b) Address Weaubleau, Mo

17. (a) Burial (b) Date thereof 8-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cemetery

While at work 87! (Specify type of place) (e) Means of injury: 87!

23. Signature L. A. Glases (M. D. or other) M.D.

Address Urbana Mo Date signed Aug 11 1945

18. (a) Signature of funeral director Robert H. Hedway

(b) Address Urbana, Mo

19. (a) Oct 22-1945 (b) W. P. Hargiss
(Date received local registrar) (Registrar's signature)

RECEIVED
Licenses Officer No. 7,
County File No. 11-40-110
Date Filed 11-9-40

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 Chas Gilbert Hathaway
Licensed Embalmer No. 9267
P. O. Address Wheatland, 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.