. S. No. 2
00M—2-43
rev. 5-17-39
I X35397

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34506

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 205

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington RURAL St. Francois Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 das. (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME: JOHN W. MALLOW
3. (b) If veteran, name war: No
3. (c) Social Security No. N-O
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ella Blount Mallow
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: 4 (Month) 10 (Day) 1867 (Year)

8. AGE: Years 78 Months 6 Days 18 If less than one day hr. min.

9. Birthplace: Palmer (City, town, or county) Mo (State or foreign country) U
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER
12. Name: Henry B Mallow
13. Birthplace: Missouri (City, town, or county) (State or foreign country) U
MOTHER
14. Maiden name: Nancy J Chapman
15. Birthplace: Huzzah (City, town, or county) Mo (State or foreign country) U
16. (a) Informant: Mrs E. T. Banta
(b) Address: Potosi. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Shirley Mo
18. (a) Signature of funeral director: Beaver funeral home
(b) Address: Potosi Mo
19. (a) 11-1-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1945 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 12, 1945, 19..., to Oct. 28, 1945, 19..., that I last saw him alive on Oct. 28, 1945, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to:	
Due to:	
Other conditions: Prot Apoplectic Psychosis (Include pregnancy within 3 months of death)	6 mos

Major findings:
Of operations
Of autopsy: No 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: Farmington - Mo Date signed 10/28/45

1391 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1145-1324

Date Filed 11-8-45

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.