

FILED FEB 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 251

Primary Registration District No. 4377

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Quitman
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community Several yrs

3. (a) PRINT FULL NAME Lucy Albina Malvern

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife James J. Malvern Deceased (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 30 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Indian
(City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business _____

12. Name James W. Weddle

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

14. Maiden name Anna Cornett

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

16. (a) Informant Warren Malvern

(b) Address Barnwood Mo

17. (a) Burial (b) Date thereof 1-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quitman Mo

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Merriwell Mo

19. (a) Jan 21 1946 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
 year 1946 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 13 1946 to Jan. 14 1946
 that I last saw her alive on Jan 14 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
 Due to Pneumonia

Due to _____

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

Major findings: Of operations _____
 Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration _____
 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) (e) Means of injury

23. Signature L. G. Benton (M. D. or other) MD
 Address Spickmire Mo Date signed 1/18/46

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

W. Dean Campbell

Licensed Embalmer No.....

3620

P. O. Address.....

Mayville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb
Registrar's No. 11

Registration District No. 251

Primary Registration District No. 4377

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Putnam
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

Lucy A. Malvern

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 30 (Month): (Day): (Year):

8. AGE: Years 82 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____ Day _____ Year 1946 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Bronchial Pneumonia
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 H. B. Burton (M. D. or other) _____
Address _____ Date signed 7/19/46

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

1166 USE PREVIOUS EDITIONS—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3507