S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15615

Registration District No. 5 Primary Registration District No. 5026 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Fairfax Mo. Rural
(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 years, months or days)
In this community 9 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Orlena A. 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 Wid

6. (b) Name of husband or wife Henry G. Mallory

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

7. Birth date of deceased Nov (Month) 9 (Day) 1861 (Year)

8. AGE: Years 84 Months 6 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name James Potts

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

14. Maiden name Alnaway

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

16. (a) Informant Parker Hamby

(b) Address Fairfax Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-46 (Month) (Day) (Year)

(c) Place: burial or cremation Stanton Mo.

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

(b) Address Tarkio Mo.

19. (a) 5-25-46 (Date received local registrar) (b) Mrs H. D. Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1946 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 3 – 1946, to May 24 1946; that I last saw him alive on May – 24 – 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Colonic Intestinal Nephritis	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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 J. M. Davis (M. D. or other)

Address Tarkio Mo. Date signed 5-25-46

5 (Licensed Embalmer's Statement on Reverse Side)

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 Jno. M. Harris

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.