S. No. 2
M—8-43
5-17-39
P 1 X37823

16563

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. 17683

FILED JUN 10 1946

Registration District No. 218 Primary Registration District No. 4413 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Frankford
(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 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Frankford 0
(If outside city or town limits, write "RURAL")
(d) Street No. - 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SILAS MALLETT

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

4. Sex Male 0
5. Color or race White
6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married 1
6. (b) Name of husband or wife Lillie Mallett
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased ~~96~~ March 10 1850
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
96	-	27	hr. min.

9. Birthplace Maryland 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name John Mallett 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ann —
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Cecil Mallett 1
(b) Address Hannibal, Mo.
17. (a) Burial (b) Date thereof Apr. 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Frankford Mo.
18. (a) Signature of funeral director Fields and Son
(b) Address Frankford, Mo.
19. (a) May 18/46 (b) Margaret G Stephens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 7
year 1946 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from Mar. 15, 1946, to Apr. 7, 1946;
that I last saw him alive on Apr. 7, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Due to Circulatory Collapse
Due to Age
Other conditions Cirrhosis of Liver
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 12 4 P

Duration

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 E. P. Hansen (M. D. or other) DO
Address Frankford, Mo. Date signed 4/10/46

255

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-46-1155
Date Filed JUN 6 1946

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 Joe Fields Negown

Licensed Embalmer No. 4093

P. O. Address Frankford, 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.