

FILED SEP 26 1946

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 358

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkbaville ans.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Loughlin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 72 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler
(c) City or town Near Lucevity mo
(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 OAKLEY G. MALLET

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Mallett 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased: March 6 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name George Mallett

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wilgus

15. Birthplace not known 11
(City, town, or county) (State or foreign country)

16. (a) Informant Pamela F. Todd 1
(b) Address Lucevity Mo

17. (a) Burial (b) Date thereof 9/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen city cemetery

18. (a) Signature of funeral director Wm O. West

(b) Address Queen city mo

19. (a) 9-13-46 (b) Nath Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11th
year 1946 hour five minute 25 P. M.
21. I hereby certify that I attended the deceased from September 13rd 1946, to September 11 1946
that I last saw him alive on Sept. 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation Duration _____

Due to Acute Tuberculosis pneumonia

Due to Pulmonary tuberculosis

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 13B
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? _____ (b) Means of injury _____

23. Signature A. T. Rhoads (M.D. or other) _____

Address Jurkville, Mo Date signed 9-11-46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 9-46-1757
Date Filed SEP-20-1946

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 *Wm. A. West*.....

Licensed Embalmer No. *2582*.....

P. O. Address *Greenville 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.