

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30635**
Registrar's No. **147**

Registration District No. **157** Primary Registration District No. **3028**

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2016 So. Garrison Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **60 years**
(Specify whether years, months or days)

In this community **60 years**

3. (a) PRINT FULL NAME **John Elmer Mallory**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **No.**

4. Sex **male**

5. Color or race **white**

6. (a) Single, married, divorced **married**

6. (b) Name of husband or wife **Esta Underwood Mallory**

6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **September 2 1881**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	11	0	hr. min.

9. Birthplace **Wichita Kansas /**
(City, town, or county) (State or foreign country)

10. Usual occupation **owner Mallory Awning Co.**

11. Industry or business **awnings & upholstery**

MOTHER FATHER {

12. Name **Lewis Mallory**

13. Birthplace **unknown Indiana /**
(City, town, or county) (State or foreign country)

14. Maiden name **Babara Lambertson**

15. Birthplace **unknown Indiana /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis T. Mallory**

(b) Address **2016 S. Garrison, Carthage, Mo.**

17. (a) **burial** (b) Date thereof **Aug 5, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Mo.**

19. (a) **8-5-46** (b) **L. B. Clinton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")

(d) Street No. **2016 S. Garrison**
(If rural, give location) **3**

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2** /
year **1946** hour **9:30** minute **8** M.

21. I hereby certify that I attended the deceased from **his not attend** 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to **Myocardial Infarction**

Due to _____

Other conditions **947**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Coronary Arteriosclerosis**

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)

23. Signature **L. B. Clinton** (M. D. or other) **no**

Address **2174 Poplar** Date signed **8/4/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

46-8-730

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 Lucy Kneel-Buckwell
Licensed Embalmer No. 2510
P. O. Address Centrage, 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.