S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

44372

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOHNS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 49 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 3044 East 7th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Florence E. Malsbury
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chas A. Malsbury
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 4, 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	4	18	hr. min.

9. Birthplace RED WING MINN. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name C. D. Agin
13. Birthplace Rochester New York (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Emma C. Smith
15. Birthplace Philadelphia Penn. (City, town, or county) (State or foreign country)
16. (a) Informant Charles A. Malsbury
(b) Address 3044 E. 7th St. Joplin Mo.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Nov. 24, (Month) (Day) (Year)
(c) Place: burial or cremation RED WING MINN.
18. (a) Signature of funeral director HURLBUT UND. CO.
(b) Address JOPLIN MO.
19. (a) 11-24-47 (Date received local registrar) (b) Dolores Lamplein (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. 22, day 1947 year hour 1-50 A.M. minute M.
21. I hereby certify that I attended the deceased from Oct 1942, to Nov. 22 1947; that I last saw h.e.r. alive on Nov. 20 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis	Duration 5 yrs.
Due Carcinoma of (L) Breast	7 yrs.
Due to	
Other conditions None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Underline the cause of 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
(f) Signature (M. D. or other)
Address Joplin Mo. Date signed 11/23/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-1023

SEP 26 1958

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 _____

Licensed Embalmer No. 959

P. O. Address Joplin 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.