No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

Registration District No. 120

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5448

State File No. 12118

Registrar's No. 38

1. PLACE OF DEATH:
(a) County: Gentry
(b) City or town: Huggins Township (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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gentry 38
(c) City or town: Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Andrew Bert Malson
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: Eliza J. Baker
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: July 25 1880 (Month) (Day) (Year)

8. AGE: Years 67 | Months 8 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: Gentry Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Farmer
11. Industry or business .....

MOTHER FATHER
12. Name: Joseph Malson
13. Birthplace: Unk. (City, town, or county) Unk. (State or foreign country) 9
14. Maiden name: Margaret Fletcher
15. Birthplace: Gentry Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mrs. Bert Malson
(b) Address: Stanberry, Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Old Brick
18. (a) Signature of funeral director: [illegible]
(b) Address: Albany, Missouri
19. April 28-1948 (Date received local registrar) [illegible] (Registrar's signature) 102

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1948 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 10, 1948, to April 21, 1948, that I last saw him alive on April 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myxedema	1 yr
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? ..... Means of injury 9

23. Signature: Charles N. Williamson (M. D. or other) DO
Address: Gentry Mo Date signed: 4-26-48

Jefferson City Printing Co.

(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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed Clifford E. Burke

Licensed Embalmer No. 3329

P. O. Address Albany 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.