

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **21843**FILED JUN 13 1948
Registration District No. **324**Primary Registration District No. **6082**Registrar's No. **126**

1. PLACE OF DEATH:

(a) County **Saline**
 (b) City or town **Napton, Mo. Route # 1. (Rural)**
 (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 **All her life**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Rose Mallman**3. (b) If veteran,
name war3. (c) Social Security No.
None

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **John Mallman** 6. (c) Age of husband or wife if alive **19th, 1872** years
 7. Birth date of deceased **August** (Month) **19th** (Day) **1872** (Year)

8. AGE: Years **75** Months **9** Days **19** If less than one day
 hr. min.

9. Birthplace **Saline County, Missouri** (City, town, or county) (State or foreign country)10. Usual occupation **None**

11. Industry or business

12. Name **Bernice B. Brown**
 13. Birthplace **Saline County, Missouri** (City, town, or county) (State or foreign country)
 14. Maiden name **Susan Stice**
 15. Birthplace **Boone County, Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Edgar LeFavre**
 (b) Address **863 E. Eastwood, Marshall, Mo.**
 17. (a) **Burial** (b) Date thereof **June 10, 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Arrow Rock, Mo.**

18. (a) Signature of funeral director **Campbell-Rose**
 (b) Address **Marshall, Mo.**
 19. (a) **June-11-1948** (b) **Sidney J Gray**
 (Date received local registrar) (Signature)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
 (c) City or town **Napton, Route # 1. (Rural)**
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
 year **1948** hour **8** minute **0** M.

21. I hereby certify that I attended the deceased from **June 1939** to **June 4, 1948**
 that I last saw her alive on **June 4, 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Pulmonary**
 Duration **10 years**

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy **None**

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

23. Signature **C. H. Ray** (M. D. or other)Address **Marshall Mo.** Date signed **6-9-48**

(Licensed Embalmer's Statement on Reverse Side)

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-17-48

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 H. Burt

Licensed Embalmer No. 1171

P. O. Address

Marshall -

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.