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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1948

Registration District No. 73

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5337

State File No. 25847

Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural---Pilgrim Twshp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West of Everton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. West of Everton 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME ROY CLARENCE MALLORY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Mallory

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

7. Birth date of deceased NOVEMBER (Month) 12 (Day) 1889 (Year)

8. AGE: Years 58 Months 9 Days 18 If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Frank Mallory
13. Birthplace Dade County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Columbia P. Stephens
15. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Roy Mallory

(b) Address R. F. D. Everton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Sam E. Senseney Jr.

(b) Address Greenfield, Mo.

19. (a) 9-6-48 (Date received local registrar) (b) Geo L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1948 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 15, 1947, to Aug 30, 1948; that I last saw him alive on Aug 30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Arteria Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 940	
Of autopsy	

PHYSICIAN — 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? (e) Means of injury

23. Signature A. F. Slaeger (M.D. or other) D.O.

Address Everton Mo Date signed 9/1/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 948-105-5
Date Filed SEP 13 1948

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 Sam E. Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.