

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42046

83

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

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 5964		Registrar's No. 84	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville (Rural)</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>6 miles North Parkville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles north</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>		b. (Middle) <u>Dee</u>		c. (Last) <u>Malott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 2 1868</u>	
9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR (Months) <u>5</u>		11. UNDER 100 HRS. (Days) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country?) <u>Parkville MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John R. Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Compston</u>		14. NAME OF HUSBAND OR WIFE <u>Grant Malott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Earl Snider Parkville, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Broncho Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebro Vasular accident</u> DUE TO (c) <u>Hypertension & Paralyzed Left Leg</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>4 months</u> <u>3 3/4 years</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>49</u> , to <u>Nov</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6 Nov</u> , 19 <u>49</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree of title) <u>M.D.</u>				23b. ADDRESS <u>1902 Siffert Ave. Kan City, Mo</u>		23c. DATE SIGNED <u>11/10/49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 16 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hampton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hampton MO</u>	
DATE REC'D BY LOCAL REG. <u>11-10-49</u>		REGISTRAR'S SIGNATURE <u>B. Phia. Roell ins.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland G. Francis</u>		ADDRESS <u>Parkville MO</u>	

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-20-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Partville, 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.