

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

BIRTH NO.		REG. DIST. NO. 108		PRIMARY REG. DIST. NO. 2423 Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Arbyrd		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Arbyrd 1350	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home				d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Malinda		a. (First) - b. (Middle) - c. (Last) Allen		4. DATE OF DEATH June 16, 1950	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W Y	
8. DATE OF BIRTH Dec. 20, 1866		9. AGE (In years last birthday) 83		10. UNDER 1 YEAR Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hornersville, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Malinda Howard	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Flora Allen, Arbyrd, Missouri		ADDRESS			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver & Lungs		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension				156A	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		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 Jan 14, 1950, to June 16, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 2:10 p.m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Cardwell Mo.		23c. DATE SIGNED 6-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-18-50		24c. NAME OF CEMETERY OR CREMATORY Hornersville	
24d. LOCATION (City, town, or county) Hornersville, Missouri		(State)			
DATE REC'D BY LOCAL REG. 7-16-50		REGISTRAR'S SIGNATURE Mrs J H Lawler		25. FUNERAL DIRECTOR'S SIGNATURE A. J. Emerson, Paragould, Arkansas	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT7-21-50.....

COUNTY FILE NUMBER ..750-213.....

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.....

Licensed Embalmer No.....

P. O. Address.....

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.