

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18559

D. MAY 18 1943

Registration District No. 251

Primary Registration District No. 4377

Registrar's No. 54-

1. PLACE OF DEATH:

(a) County Madaway  
(b) City or town Quitman Green Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Douglas Malvern  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Lucy Albina Malvern 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Oct 6 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 10 If less than one day br. min.

9. Birthplace Quindia Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name George W. Malvern  
13. Birthplace New Jersey (City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Malvern  
15. Birthplace Greensburg North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Warren H. Malvern  
(b) Address Quitman Mo  
17. (a) Burial (b) Date thereof 4 18 43 (Month) (Day) (Year)  
(c) Place: burial or cremation Quitman Cemetery

18. (a) Signature of funeral director Campbell Funeral Home  
(b) Address 951 S Main Mayville Mo  
19. (a) 4-19-43 (b) Mary Cole (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway  
(c) City or town Quitman (If outside city or town limits, write "RURAL")  
(d) Street No. 54 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1943 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 15 1943 to April 16 1943 that I last saw him alive on April 13 1943 and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Occlusion Duration 7 wks.

Due to Arteriosclerosis ?

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. G. Butler (M. D. or other) DO  
Address Spokane Mo. Date signed 4/19/43

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

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**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.....

*William Campbell*

..... 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.**