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5-17-39
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30996

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 6 1944
Registration District No. 137

Primary Registration District No. 5511

Registrar's No. 167

1. PLACE OF DEATH:

(a) County HENRY - Rural -

(b) City or town CLINTON - FIELDS CREEK
(If outside city or town limits, write "RURAL" and name of township) T.W.P.

(c) Name of hospital or institution:

(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 56 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

(c) City or town Clinton - Rural
(If outside city or town limits, write "RURAL" and name of township) T.W.P.

(d) Street No. T.A.# 1 - FIELDS CREEK
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ()

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ROSE MALLOY

3. (b) If veteran, name war NONE

3. (c) Social Security No. none

20. DATE OF DEATH: Month Sept day 27
year 1944 hour 12:30 minute A M.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife JOHN MALLOY

6. (c) Age of husband or wife if alive 65 years

Birth date of deceased Feb 5 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1944, to Sept 27, 1944
that I last saw her alive on Sept 27
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach

Duration ?

8. AGE: Years 56 Months 7 Days 22
If less than one day hr. min.

Due to Cancer uterus + tubes operated Nov. 43

9. Birthplace Clinton MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Due to H6

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name SEIFFISE PARR

13. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name ANNA WILLIAMS

15. Birthplace ST. JOSEPH MO
(City, town, or county) (State or foreign country)

Major findings: Of operations H6

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant John Malloy

(b) Address Clinton MO

17. (a) Burial (b) Date thereof 10-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director H.A. Gassant

(b) Address Clinton MO

19. (a) September 3 @ 1944 (b) Georgia Ditcher
(Date received local registrar) (Registrar's signature)

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 2

23. Signature R. J. Powell (M. D. or Other)

Address Clinton MO Date signed 9-29-44

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

42000

RECEIVED

District Health Officer No. 7

District File Number 9-44-1160

Date Filed 10-5-44

OCT 19 1944

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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3779

P. O. Address Clinton 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.