

FILED MAY 15 1947

Registration District No. 137

Primary Registration District No. 4215

Registrar's No. 113

1. PLACE OF DEATH:

(a) County HENTY  
(b) City or town Brunswick, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry - 42  
(c) City or town Brunswick (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Le Roy Malone

3. (b) If veteran, no name war \_\_\_\_\_ 3. (c) Social Security No. 495-05-8390

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Malone 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 7 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 10 3 hr. min.

9. Birthplace Lewis station, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

12. Name W.W. Malone

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Thompson

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Malone

(b) Address Brunswick, Mo

17. (a) Burial (b) Date thereof 5 11 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods, Springfield

18. (a) Signature of funeral director John H. ...  
(b) Address Deepwater, Mo

19. (a) 5-10-47 (b) R.R. Kemy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 1947  
year 12 hour 3 minute 2 M.

21. I hereby certify that I attended the deceased from 9-Mar 1947, to 10-Mar 1947  
that I last saw him alive on 9-Mar 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 047A

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) (Specify means of injury)

23. Signature Jayus Smith (M. D. or other)

Address Clinton, Mo Date signed 10 May 47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 23 1987  
MAY 23 1987

RECEIVED  
District Health Officer No. 7  
District File Number 4-47-5566  
Date Filed 5-14-87

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 Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.