

REC'D FEB 15 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2322  
Do not use this space.

## 1. PLACE OF DEATH.

(a) County GREENE Registration District No. 318  
(b) Township..... Primary Registration District No. 2001  
(c) City SPRINGFIELD (d) Street No. City Hospital Registered No. 58  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

456 Ruby Malone  
(a) Residence, No. 1076 Crutcher Street, St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
✓ 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. stillborn  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Missouri

FATHER 13. NAME Clyde Malone

14. BIRTHPLACE (CITY OR TOWN) Plainview, (STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Lavina Dyer

16. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Missouri

17. INFORMANT Clyde Malone (ADDRESS) Springfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastlawn Cem DATE Jan. 21, 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer (ADDRESS) Springfield, Missouri

20. FILED Jan 20 1939 Chas A. George Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1939

22. I HEREBY CERTIFY, That I attended deceased from 1, 20, 1939, 1939, to 1, 20, 39, 1939.

I last saw h..... alive on still born- Death is said to have occurred on the date stated above, at 8:30 P.

The principal cause of death and related causes of importance were as follows:

still born-

Date of onset

Other contributory causes of importance:  
Breech presentation-delayed delivery of after-coming head

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Dr. Musick, M. D.(Address) Springfield, Mo.

**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, .....

*Not Embalmed*

or by .....

Registered Apprentice No....., working under my personal supervision.

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, above space should be left blank.**