REC'D AUG 18 1939

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

26192
Do not use this space.

1. PLACE OF DEATH
(a) County Macon. Registration District No. 529
(b) Township Morrow Primary Registration District No. 5706 Registered No.
(c) or City Callao, Mo. (d) Street No. R. F. D. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.
450

2. PRINT FULL NAME Rebecca Malone.
(a) Residence, No. Callao, Mo. R. F. D. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank P. Malone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1863.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	1	26	

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. Housewife.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

FATHER
13. NAME James M. Nichols.
14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Janie Alverson.
16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT Chas P. Malone. (ADDRESS) Callao, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hebron Cem. DATE 7/5/39, 19

19. FUNERAL DIRECTOR (NAME) Albert Skinner. (ADDRESS) Macon, Mo.

20. FILED July 27, 1939 Mrs P. W. Dowell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1939

22. I HEREBY CERTIFY That I attended deceased from July 2, 1939, to July 3, 1939 (last saw living alive on July 2, 1939. Death is said to have occurred on the date stated above, at 7:00A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Dis	D.O.
	not
	Know

Other contributory causes of importance: Ch. Nephritis Arteriosclerosis

Name of operation None Date of —
What test confirmed diagnosis Clin. Sym. 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? No
If so, specify
(Signed) C. Smith, M. D.
(Address) Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 8'39-1480
Date Filed AUG 11 1939

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 Geo. L. Hill, Registered Apprentice No. ..... working under my personal supervision.

Signed Geo. L. Hill

Licensed Embalmer No. 4066

P. O. Address Marion, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.