

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

35429

Do not use this space.

NOV 8 1939

1. PLACE OF DEATH

(a) County Barton Registration District No. 41
 (b) Township Ozark Primary Registration District No. 5662 Registered No. _____
 (c) City Liberal (d) Street No. Liberal, Missouri 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.

2. PRINT FULL NAME FRANK E MALONE

(a) Residence, No. Liberal, Mo 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rachel A. Malone</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22, 1861</u>				
7. AGE		YEARS	MONTHS	DAYS
		<u>78</u>	<u>0</u>	<u>4</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Self</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1936</u>		11. Total time (years) spent in this occupation _____	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
FATHER	13. NAME <u>Francis M Malone</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Garrett</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
17. INFORMANT <u>Rachel A. Malone</u> (ADDRESS) <u>Liberal Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mulberry Kos</u> DATE _____ 19__				
19. FUNERAL DIRECTOR (NAME) <u>Ferry Funeral Home</u> (ADDRESS) <u>Devoda, Mo</u>				
20. FILED <u>Oct 28, 1939</u> <u>J. R. Spill M.D.</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1939 to Oct 25, 1939
 I last saw him alive on Oct 25, 1939. Death is said to have occurred on the date stated above, at 7 a. m.
 The principal cause of death and related causes of importance were as follows:
Influenza
 Date of onset _____

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis Jan 1, 1939 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury 0, 19__
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury A
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. R. Edleman, M. D.
 (Address) Liberal, Mo.

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.

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~~ *Personally*

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Lloyd R. Winsett

Licensed Embalmer No. *3857*

P. O. Address *Merada, 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, above space should be left blank.