No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14357

State File No.

MAY 13 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 448

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
617 Thompson 2
(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) 1 1/2 D

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No. 617 Thompson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Baby Boy Malone

8. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 18, 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	2 hr. min.

9. Birthplace St. Joseph (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Billy Malone
13. Birthplace Gentryville (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mildred Hancock
15. Birthplace St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Virginia Harmon
(b) Address 617 Thompson St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Private Cemetery Route 6

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.

19. (a) 4/19/40 (Date received local registrar) (b) H. J. Mastlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Apr 18, 1940 to Apr 18, 1940
that I last saw him alive on Apr. 18, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (slightly less than 6 mo. gestation)

Due to No obvious cause of

Due to premature labor.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

85

While at work? (e) Means of injury

23. Signature C. S. Grant MD (M. D. or other)

Address St. Joseph, Mo. Date signed 4-18-40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, ~~or by~~ .....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Eric A. Clark

Licensed Embalmer No. 3476

P. O. Address St Joseph Mo

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

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