

BUREAU OF THE CENSUS
FILED OCT 24 1941Registration District No. **266**Primary Registration District No. **# 164**Registrar's No. **51**

1. PLACE OF DEATH:

(a) County Dent

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days)

In this community X

3. (a) PRINT FULL NAME Tommy Malone3. (b) If veteran, name war X 3. (c) Social Security No. X4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced X (P)6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years7. Birth date of deceased Sept 3 1941
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
X X X 2 hrs min.9. Birthplace Salem Mo
(City, town, or county) (State or foreign country)10. Usual occupation X11. Industry or business X12. Name Wayne Malone13. Birthplace Phelps Co Mo
(City, town, or county) (State or foreign country)14. Maiden name Thelma Thompson15. Birthplace Carson La
(City, town, or county) (State or foreign country)16. (a) Informant Wayne Malone
(b) Address Salem Mo17. (a) burial (b) Date thereof 9 4 /41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Worthen Cem18. (a) Signature of funeral director [Signature](b) Address Salem Mo19. (a) 9-4-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent **33**

(c) City or town Salem
(If outside city or town limits, write "RURAL") **1**

(d) Street No. X
(If rural, give location) **1**
0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Premature DurationInjury causedDue to by Tree **5 hr.**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 15 19 PHYSICIANOf operations _____
Of autopsy _____
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? _____

While at work? [Signature] (Specify type of place) (e) Means of injury [Signature]23. Signature [Signature] (M. D. or other)Address Salem, Mo. Date signed _____

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

RECEIVED 12

District Health Officer No. 5,

District File Number 10412010

Date Filed _____

6 25 10

302

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.....

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, fact should be so stated above.