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FILLED OCT 24 1941

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County Deer

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

(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME Wayne Edward Malone

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex MO 5. Color or race W. 6. (a) Single, widowed, married, divorced S. A.

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

7. Birth date of deceased June 19 1927
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>2</u>	<u>25</u>	hr. min.

9. Birthplace Salem Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Wayne Malone

13. Birthplace Phillips Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Thelma Thompson

15. Birthplace Carson Ia.
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Malone

(b) Address Salem Mo

17. (a) Burial (b) Date thereof 9-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrison Cem

18. (a) Signature of funeral director Case & Prince

(b) Address Salem Mo

19. (a) 9-15-41 (b) A. Butler Mo.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deer

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1941 hour 9.50 minute _____ M.

21. I hereby certify that I attended the deceased from 8 1941 to Sept 14 1941

that I last saw him alive on Sept 14 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Intercolitis

Due to Cold

Due to _____

Other conditions 1200
(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? ✓ (Specify type of place) (e) Means of injury 0

23. Signature A. K. Dickey (M. D. or other) _____

Address Salem Mo Date signed 9-15-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 10412015

Date Filed _____

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 Wm W. McDonald

Licensed Embalmer No. 2806

P. O. Address Salem, N.J.

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.