S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1942

Registration District No. 73

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5881

Primary Registration District No. 3006

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 days (Specify whether
In this community 39 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 42

(a) State Missouri (b) County Henry 0

(c) City or town Deepwater, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes name country ✓

3. (a) PRINT FULL NAME Isaac Malone

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Lucy Belle (Lawson) Malone

(c) Age of husband or wife if alive ? years

7. Birth date of deceased Mar. (Month) 13th (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	10	16	hr. ✓ min.

9. Birthplace State of Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Malone
13. Birthplace State of Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Bessie Johnson
15. Birthplace State of Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Patient (Isaac Malone)

(b) Address Deepwater, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater Cem.

18. (a) Signature of funeral director Fred Wilkinson

(b) Address 225 N. Main Clinton Mo. H. Inloes

19. (a) 1/30/42 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th year 1942 hour 8:50 ~~minutes~~ P. M.

21. I hereby certify that I attended the deceased from Dec. 22, 1941 to Jan. 29th, 1942 that I last saw him alive on Jan 29th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	4 days
Carcinoma, floor of mouth, with metastases to heart, liver, rt. kidney, &	
~~Due to~~ cervical, mediastinal, & abdominal	3 yrs.
lymph nodes.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 45C

Of autopsy See above

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)

While at work? (e) Means of injury

23. Signature Theodore P. Theobald, M.D. (M. D. or other)

Address Columbia, Mo. Date signed 1/30/42

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(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 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.