

S. No. 2
M-9-4-41
v. 5-17-39
X29484

6943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 23 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
822 Missouri
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 2633 E. 5th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fred Malone
 (b) If veteran, name war World War #1
 (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 6
 year 1942 hour 5 minute _____ P.M.
 21. I hereby certify that I attended the deceased from one call
3/6/42, 19____ to _____, 19____
 that I last saw him alive on 3/6/42, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
Pulmonary Tuberculosis

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced divorced
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

7. Birth date of deceased No record
(Month) (Day) (Year)
 8. AGE: Years 53 Months _____ Days _____ If less than one day
hr. min.

9. Birthplace Fayetteville Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Jacob Malone
 13. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Phelan
 15. Birthplace Hope County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Malone
 (b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 3/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper
 18. (a) Signature of funeral director Hurlbut Und. Co.
 (b) Address Joplin, Mo.

19. (a) 3-7-42 (b) Hertel Schaefer
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: 13R1
 Of operations _____
 Of autopsy _____
 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 _____ Means of injury 2
 23. Signature R.A. Mahoney (M. D. or other) DO.
 Address 346 Joplin Mo. Date signed 3/6/42

1204 (Licensed Embalmer's Statement on Reverse Side)

42.3-22/

MAR 23 1942

APR 3 1942

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 *Steve D. Parker*

Licensed Embalmer No. *2548*

P. O. Address *Goffin Ave*

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.