

FILED APR 20 1942

Registration District No. 1113

Primary Registration District No. 6020A

Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Boone Terre, 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 _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Boone Terre 94
(If outside city or town limits, write "RURAL") 2

(d) Street No. 39 S.W. Main
(If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALBERT CHESTER MALONE

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1942 hour 4 minute 50 A.M.

4. Sex Male 5. Color or race white

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

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

7. Birth date of deceased February 6 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1940
19____ to March 9 1942
that I last saw him alive on March 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 8 wks.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>1</u>	<u>4</u>	hr. _____ min.

Due to Coronary Disease 3 yrs.

Due to _____

9. Birthplace Mount Sterling Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Shorthand Agent

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

Major findings: _____ 94a

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Edward Malone

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Collins

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. A.C. Malone

(b) Address 39 S.W. Main Boone Terre Mo

17. (a) Burial (b) Date thereof March 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamlet Mo

18. (a) Signature of funeral director Benham & Co

(b) Address 213 Benham Boone Terre Mo

19. (a) 3-17-42 (b) Byrdie S. Bruhmaster
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place) (b) Means of injury _____

23. Signature Geo. L. Walters (M. D. or other) _____
Address Farmington Mo Date signed 3-12-42

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

4
2
1

1176

RECEIVED
District Health Officer No. 4
District File Number 442 - 418
Date Filed 4-9-42

MAJOR

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, ^{and} or by
Leonard John Vargo, Registered Apprentice No. 311
working under my personal supervision.

Signed C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Same as above

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.