S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1944

Registration District No. 57

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37396

Primary Registration District No. 4074

Registrar's No. 29

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town OAKRIDGE
(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 1 (Specify whether
In this community 72 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County CAPE GIRARDEAU
(c) City or town OAKRIDGE
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SALLIE MALONE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife J. P. MALONE
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased MAY (Month) 1 (Day) 1872 (Year)

8. AGE: Years 72 Months 6 Days 1 If less than one day hr. min.

9. Birthplace OAKRIDGE (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
MOTHER FATHER
12. Name A. D. JENKINS
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name M. E. SMIDER
15. Birthplace CAPE GIR (City, town, or county) MO (State or foreign country)
16. (a) Informant J. P. Malone
(b) Address Oakridge Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oakridge Mo
18. (a) Signature of funeral director Wilson Stather Seabaugh
(b) Address Jackson Mo
19. (a) 11-4-1944 (Date received local registrar) (b) Henry Schultz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1944 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from March 1, 1944, to November 2, 1944; that I last saw he alive on Nov. 3, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Apoplexy (Left).
Due to Hypertension
Due to Arteriosclerosis
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
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? (e) Means of injury
23. Signature Albinson Esbe (M. D. or other)
Address Jackson Date signed 11-3-44

1328

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1244-4672
Date Filed 12-8-44

SEP 9 1952

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: Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson Mo.

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.