

FILED OCT 17 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 293Primary Registration District No. 4443Registrar's No. 18

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Huntsville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
North Main Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community about 1 year
 (Specify whether _____)
 years, months or days)

3. (a) PRINT FULL NAME Jesse Bazley Malone

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Alice Gertrude Malone 6. (c) Age of husband or wife if alive 71 years7. Birth date of deceased January 6 1873
(Month) (Day) (Year)8. AGE: Years 73 Months 8 Days 21
If less than one day hr. _____ min. _____9. Birthplace Huntsville, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation farming

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas W. Malone
 13. Birthplace Randolph County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Jackson
 15. Birthplace Randolph County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jesse B. Malone(b) Address Huntsville, Missouri17. (a) burial (b) Date thereof 9/29/1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Huntsville, Missouri18. (c) Signature of funeral director Tom B. Patton(b) Address Huntsville, Mo19. (a) 9-28-1946 (b) md. D.A. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Huntsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. North Main
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27
year 1946 hour 7 minute 0 M.21. I hereby certify that I attended the deceased from Jan 1, 1939, to Sept 26, 1946
that I last saw him alive on Sept 26, 1946
and that death occurred on the date and hour stated above.Immediate cause of death chronic myocarditis Duration 1 yrDue to Hypertension

Due to _____

Other conditions central hemorrhage 1 1/2 yrs
(Include pregnancy within 3 months of death)Major findings: Of operations none PHYSICIAN _____Of autopsy none 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 023. Signature R. D. ... (M. D. or other) MD
Address Huntsville Mo Date signed 9/28/46

JAN 6 1950

RECEIVED
District Health Officer No. 10
District No. 12
Date Filed OCT 4 1946

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Tenn

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.