

National Office of Vital Statistics

FILED FEB 4 1948

Registration District No. 956

Primary Registration District No. East

Registrar's No. 1

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

49
52

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES WALLACE MALONE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color of skin White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 9 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 27 If less than one day _____ min.

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

10. Usual occupation Street Department

11. Industry or business _____

MOTHER FATHER

12. Name John L. Malone

13. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cunningham

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

16. (a) Informant Anna Beane Malone
(b) Address 808 Sergeant Ave

17. (a) Burial (b) Date thereof Jan 7 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Harold E. Nelson
(b) Address Jasper Missouri

19. (a) 1-6-48 (b) Salores Sampson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper
(If outside city or town limits, write "RURAL")

(d) Street No. 808 Sergeant Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
year 1948 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 11 1947 to Jan. 5 1948
that I last saw him alive on Nov. 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of 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)

23. Signature John L. Huff (M. D. or other health officer)
Address Jasper Mo Date signed 1/6/48

48-1-44

JUL 14 1948

JUL 15 1948

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 _____

Jesse O. Sullivan

Registered Apprentice No. 79

working under my personal supervision.

Signed _____

Erling M. Tung

Licensed Embalmer No. 3566

P. O. Address Jessie 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.