

No. 309
M-10-47
5-17-39
I 3906

FILED APR 2 1948

Registration District No. 221

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County randolph

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

(c) Name of hospital or institution:
815 Garfield Avenue
(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

3: (a) PRINT FULL NAME Margaret Louise Malone

3: (b) If veteran, name war _____

3: (c) Social Security No. _____

4. Sex female

5. Color or race 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: July 24 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 6 20 hr. min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Edward M. Malone

13. Birthplace Clifton Hill Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lois Volle

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

16. (a) Informant Edward M. Malone

(b) Address Moberly, Missouri

17. (a) burial (b) Date thereof 2/14/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 2-14-48 (b) W. H. Sullivan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 815 Garfield Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1948 hour 8:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
Coroner's Case

that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Suffocation - bed clothes

Due to accidental mechanical suffocation

Due to _____

Other conditions _____
(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) Accident

(b) Date of occurrence February 13, 1948

(c) Where did injury occur? Moberly, Randolph Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - in bed crit 127
(Specify type of place)

While at work? _____ (e) Means of injury suffocation

23. Signature W. H. Sullivan (M. D. or Other) _____
Address Moberly, Mo Date signed 2/14/48

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

38
6
3

88
6
3
0

MOTHER FATHER

APR 5 1948

RECEIVED
District Health Officer No. 10
District File Number 3-48-573
Date Filed MAR 31-1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntville, Ala

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.