

FILED JUL 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. 21198

Registration District No. 297

Primary Registration District No. 4446

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Hardin mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-8 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

James Thomas Mallory

3. (b) If veteran, name war No

3. (c) Social Security No. 440

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Helie Mallory

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June - 28 - 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 27 hr. min.

9. Birthplace Monroe Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel Mallory
13. Birthplace Dont. Know
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gained
15. Birthplace Dont. Know
(City, town, or county) (State or foreign country)

16. (a) Informant Alb B. Mallory
(b) Address Hardin mo P1

17. (a) Burial (b) Date thereof June 22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin Cem

18. (a) Signature of funeral director John W. Knif'schild

(b) Address Hardin mo

19. (a) June 22-46 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Ray
(c) City or town Hardin
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1946 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan
1 1946 to June 20 1946
that I last saw him alive on June 18 1946
and that death occurred on the date and hour stated above

Immediate cause of death Paralytic Stroke Duration 4 days

Due to Atherosclerosis 10 yrs

Due to Myocarditis 1 yr

Other conditions General Atherosclerosis 2 months
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9
Of autopsy 9
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 0

23. Signature Marvin Jones (M. D. or other) —
Address Hardin Date signed 6/20/46

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-29-46

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 me
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin, 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.