

S. No. 2  
DM-5-43  
V. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Hollins

State File No. 12111

FILED MAR 21 1947

Registration District No. 279 Primary Registration District No. 499 Registrar's No.

1. PLACE OF DEATH:  
(a) County Shannon  
(b) City or town Winona  
(c) Name of hospital or institution: none  
(d) Length of stay: In hospital or institution 50 years  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Shannon  
(c) City or town Winona  
(d) Street No.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Nancy Almish Malone  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 17 year 1947 hour 11 minute 40  
21. I hereby certify that I attended the deceased from Feb 14 1947 to Feb 17 1947  
that I last saw her alive on Feb 17 1947 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased Sept 20 1871

Immediate cause of death  
Due to Lobar pneumonia  
Other conditions  
Major findings: Of operations  
Of autopsy

8. AGE: Years 75 Months 4 Days 26  
9. Birthplace Stone Co. Mo.  
10. Usual occupation Housewife

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
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MOTHER FATHER  
11. Industry or business  
12. Name William Rankins  
13. Birthplace Tenn  
14. Maiden name Wamack  
15. Birthplace unknown  
16. (a) Informant Arthur Malone  
(b) Address Springfield, Mo.  
17. (a) Burial (b) Date thereof  
(c) Place: burial or cremation New Cemetery Winona  
18. (a) Signature of funeral director Mrs. B. Duncan  
(b) Address Mountain View, Mo.  
19. (a) 21-47 (b) Mabel Pallen

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature J. P. Hollins  
Address Winona Mo Date signed 2-17-47

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

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(Licensed Embalmer's Statement on Reverse Side)

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**