

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **104**

Primary Registration District No. **3008**

Registrar's No. **82**

1. PLACE OF DEATH:

(a) County **Callaway**

(b) City or town **Fulton**

(c) Name of hospital or institution: **412 E. Fifth Street**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: **In hospital** or institution **Life**
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME **Elizabeth Albert**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F** **5. Color or race** **W**

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

6. (b) Name of husband or wife **John W. Allen**

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

7. Birth date of deceased **August 4 1873**
(Month) (Day) (Year)

8. AGE: Years **66** Months **7** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Boone County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife & Telephone Operator**

11. Industry or business _____

MOTHER FATHER

12. Name **Wm. Burnett**

13. Birthplace **Boone Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Ann Clatterback**

15. Birthplace **Boone Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Proctor Allen**

(b) Address **P. O. Fulton, Missouri**

17. (a) Burial **(b) Date thereof** **Nov 21 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Millerberg, Missouri**

18. (a) Signature of funeral director **Geo. H. H. H. H.**

(b) Address **Fulton, Missouri**

19. (a) March 22 1940 **(b) R. N. Crews**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**

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

(d) Street No. **Millerberg, Mo.**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19** year **1940** hour **10 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **Feb 1** 19**40** to **March 19** 19**40**

that I last saw her alive on **March 19** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration _____

Due to **Hypertension** ?

Due to **Rheumatism** ?

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

Major findings: Of operations **none**

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) **no**

(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? **no**

While at work? _____
(Specify type of place) (d) Means of injury

23. Signature **R. N. Crews** **(M. D. or other)** _____

Address **Fulton Mo** Date signed **3/19/40**

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 Harold J. Christy
Licensed Embalmer No. 4502
P. O. Address Dutton, N.H.

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, above space should be left blank.