

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Jackson Blue Mo.
(b) City or town Bellevue Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1730 Arlington Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)
In this community about 60 yrs.

3. (a) PRINT FULL NAME Harry G. Algeo 420

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amy R. Algeo 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Jan. 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation Abstractor

11. Industry or business Retired

12. Name Samuel Algeo

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

14. Maiden name Lettia Wray

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

16. (a) Informant Mrs. Homer Gibson

(b) Address 1730 Arlington

17. (a) Belwood (b) Date thereof 1-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belwood Cem.

18. (a) Signature of funeral director Stine McClure

(b) Address Kansas City, Mo.

19. (a) March 18-40 (b) S. L. Cook 360
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Bellevue Heights, Ind., Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1730 Arlington Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 26
1940, 1940 to March 16, 1940
that I last saw him alive on Mar. 16th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with general metastasis
Due to _____

Due to 40

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations _____

Of autopsy Carcinoma of stomach with general metastasis

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? X (Specify type of place) (e) Means of injury _____

23. Signature D. W. Andrews (M.D. or other) _____

Address Independence, Mo. Date signed 3/16/40

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

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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.....

Dwight L. Turner

Registered Apprentice No. *222*

working under my personal supervision.

Signed

J. B. Waters

Licensed Embalmer No. *3992*

P. O. Address *K C 140*

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.