

No. 2
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17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1860

Registration District No. 85

Primary Registration District No. 1001

Registration No. 90

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution:
3424 RENICK ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community MOST-HIS-LIFE-
years, months or days

3. (a) PRINT FULL NAME JOSEPH-W-ALLNUTT

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male 5. Color or race W

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

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

7. Birth date of deceased July 15 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 5 If less than one day hr. _____ min. _____

9. Birthplace ky. 1.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Dairyman

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name Wanda Rutherford

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

16. (a) Informant Louise Allnutt

(b) Address St. Joe MO

17. (a) burial (b) Date thereof Jan 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Courthouse MO

18. (a) Signature of funeral director Woy Slaney

(b) Address St Joseph MO

19. (a) Jan 21, 1941 (b) W. J. Nestor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN

(c) City or town ST-JOSEPH. 7
(If outside city or town limits, write "RURAL.")

(d) Street No. 3424 Renick 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1941 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 20 1941 to _____, 19____;
that I last saw him on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypo. Condition

Due to _____

Due to 937

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

Major findings: _____

Of operations _____

Of autopsy no

Duration _____

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) _____

(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? _____

85 (Specify type of place) _____

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

23. Signature H. J. Mandy (M. D. or other) Coroner

Address 404 So 3d Date signed 1/20/41

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

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.....
Jan. 20 1941....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, 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.