

S. No. 2
-9-4-41
5-17-39
I X29484

FILED MAR 16 1942
48

Registration District No.

Primary Registration District No. 4028

Registrar's No.

1. PLACE OF DEATH:

(a) County. Bates

(b) City or town. Amoret, 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 _____ (Specify whether _____)

In this community 75 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. _____ (b) County. 7

(c) City or town. _____ (If outside city or town limits, write "RURAL.") 0

(d) Street No. _____ (If rural, give location) 7

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ANNETTA ELIZA ALLMAN

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 2

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

7. Birth date of deceased Feb 23 1956
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired housewife

11. Industry or business _____

12. Name Jacob Wright

13. Birthplace Dover Delaware (City, town, or county) (State or foreign country) 1

14. Maiden name Christiana Wright

15. Birthplace Ohio (City, town, or county) (State or foreign country) 1

16. (a) Informant Joan Bosi

(b) Address Amoret, Mo.

17. (a) burial (b) Date thereof Feb 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Out side

18. (a) Signature of funeral director Carlen Funeral Service

(b) Address Bates, Mo.

19. (a) 2/11-42 (b) Mrs Carl Hall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1942 hour 8:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Feb. 6, 1942
19 _____ to Feb. 10, 1942
that I last saw her alive on Feb. 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Skin Duration 3 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 53

Major findings: Of operations _____

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) _____

(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) (d) Means of injury 2

23. Signature W.H. Schubert (D.O.) 2-11-42
Address Amoret, Missouri Date signed 2-11-42

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

MOTHER FATHER

51

RECEIVED

District Health Officer No. 7,

District File Number 3-42-229

Date Filed 3-11-42

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..... L. E. Bulow.....

Licensed Embalmer No. 2576.....

P. O. Address..... Butte, 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.