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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38412

FILED DEC 13 1943  
Registration District No. 153

Primary Registration District No. 5579

Registrar's No. 12

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Russell  
(c) Name of hospital or institution Russell Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Russell  
(If outside city or town limits, write "RURAL")  
Street No. None (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Perry Alleman  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 17  
year 1943 hour 125 minute P. M.  
21. I hereby certify that I attended the deceased from NOV 4 to NOV 17, 19\_\_\_\_  
that I last saw him in alive on NOV 1943, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White  
6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 30 1897  
(Month) (Day) (Year)

Immediate cause of death  
Pulmonary Oedema  
Pulmonary Tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 13 ft

8. AGE: Years \_\_\_\_\_ Months 3 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Carson Alleman

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

14. Maiden name Mary Richards

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

16. (a) Informant Mrs. Mary Alleman

(b) Address Russell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Tenn.

18. (a) Signature of funeral director W. H. ...

(b) Address 1166 City, Mo.

19. (a) Nov. 19, 1943 (Date received from registrar) (b) W. H. ... (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_  
23. Signature W. H. ... (M. D. or other) \_\_\_\_\_  
Address W. H. ... Date signed 11/17/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

43-11-997

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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 myself  
....., Registered Apprentice No.....

working under my personal supervision.

Signed Rayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Wet City, 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.