

32110

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 14 1944

Registration District No. 58

Primary Registration District No. 3006

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 327 N. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 80 Years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia (If outside city or town limits, write "RURAL")
(d) Street No. 327 N. 9th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRIETTA ALLTON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 5 - 18 - 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name William Pigg

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

14. Maiden name Parthenia Tucker
Kentucky

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

16. (a) Informant Mrs. William Arrandale

(b) Address 327 N. 9th St., Columbia, Mo.

17. (a) Burial (b) Date thereof 8-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parson Funeral Service
Columbia, Mo.

19. (a) 8-16-44 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1944 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from 7-26-44
to 8-14-44
that I last saw her alive on 8-4-44
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
Duration 3 hrs

Due to _____

Due to _____

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

Major findings: Of operations no

Of autopsy no

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) (e) Means of injury _____

23. Signature Steph A. Roberts (M. D. or other) MD
Address Columbia Mo Date signed 8/15/44

1253 (Licensed Embalmer's Statement on Reverse Side)

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

10
2
4

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 9-13-44

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 W. S. Whitfield

Licensed Embalmer No. 3893

P. O. Address Alumina, m

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.