

FILED MAR 22 1945

Registration District No. **175**

Primary Registration District No. **3036**

Registrar's No. **11**

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

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Aurora Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
222 West Colfield
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 yr
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lawrence
 (c) City or town Aurora Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 222 East Colfield St.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Chloe E. Allmon

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 Married

6. (b) Name of husband or wife J. M. Allmon
 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan 8 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days 28
 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name John Redding
 13. Birthplace Alb (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace _____ (City, town, or county) (State or foreign country)
 16. (a) Informant Jim Allmon
 (b) Address 222 east Colfield (Aurora Mo)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/45
(Month) (Day) (Year)
 (c) Place: burial or cremation Clayhill (Berry County)

18. (a) Signature of funeral director Olson Marsh
 (b) Address Aurora Mo

19. (a) 2-7-45 (Date received local registrar) (b) Eunice Bruner (Registrar's signature) Address Aurora Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1945 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Feb 3 1945 to Feb 6 1945
 that I last saw her alive on Feb 5 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
of 3d

Other conditions similarity, Asthma subacute
(Include pregnancy within 3 months of death)

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 2

23. Signature D. Milton G. Davis (M. D. or other) D.D.
 Address Aurora Mo Date signed 2/7/45

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

RECEIVED

District Health Officer No. 6,
District File Number 345-338

Date Filed MAR 21 1945

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. 4

working under my personal supervision.

Signed Quinn L. Marsh

Licensed Embalmer No. 3812

P. O. Address Quinn, 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.