S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10041

FILED MAR 22/1945

Registration District No. ____ Primary Registration District No. 3036 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Lawernce

(b) City or town Aurora 222 East Cofield st.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence ~~Barry~~

(c) City or town Aurora
(If outside city or town limits, write "RURAL")

(d) Street No. 222 East Cofield
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jim Milton Allmon.

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: Oct. (Month) 4th (Day) 1869 (Year)

8. AGE: Years 76 Months 6 Days 12 If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name William Allmon
13. Birthplace BarryCounty (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Susian Thomas
15. Birthplace Barry County (City, town, or county) (State or foreign country) 0

16. (a) Informant Ira Allmon
(b) Address Aurora

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 2 (Month) 18 (Day) 45 (Year)
(c) Place: burial or cremation Clay Hill

18. (a) Signature of funeral director Brian Marsh
(b) Address 229 W Church St Aurora Mo

19. (a) 2-17-45 (Date received local registrar) (b) Eunice Greene by (Registrar's signature) A M

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1945 hour 1 minute 30 AM.

21. I hereby certify that I attended the deceased from Nov 20, 1944, to Feb 16, 1945
that I last saw him alive on Feb 16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure (Myo Cardiac Insufficiency

Due to ____

Due to ____

Other conditions Arteriosclerosis, Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Dr Milton A. Davis (M. D. or other) D.O.
Address Aurora Bank Bldg Aurora Mo Date signed Feb 17 1945

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 345-344
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. —, working under my personal supervision.

Signed Orca L Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora 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.