

8-43
7-39
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FILED FEB 11 1946
Registration District No. 2

Primary Registration District No. 5179

State File No. _____

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Camdenton Mo. 200 Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 Highway 54 - Mangia Bridge
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3
3 mi. west of Camdenton, Mo.
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden¹⁵

(c) City or town: Macks Creek Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Allen Aldon Roy Nations

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-22-0962

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1946 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from _____
to Jan 26, 1946
that he last saw _____ alive on Jan 26 - 1946
and that death occurred on the date and hour stated above.

4. Sex males 5. Color or race whit

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased Aug 21 1926
(Month) (Day) (Year)

Immediate cause of death Crushed Head

Due to auto accident

Due to being thrown on pavement
Head first -

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

Duration inst. only

8. AGE: Years Months Days If less than one day

19 5 5 hr. _____ min.

9. Birthplace Camden Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation labor

Major findings: Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 15

(b) Date of occurrence Jan 26 - 1946 - 1:50 A.M.

(c) Where did injury occur? Camdenton Camden Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway 54

11. Industry or business _____

12. Name Frank Nations

13. Birthplace Camden Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Flossie May Nations

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Nations

(b) Address Macks Creek Mo

17. (a) Burial (b) Date thereof Jan 27 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cem

18. (a) Signature of funeral director Bankson Woolery

(b) Address Camdenton Mo

19. (a) Feb 6, 1945 (b) Zilpha J. Traw
(Date received local registrar) (Registrar's signature)

23. Signature B.E. Woolery County Coroner
(M.D. or other)

Address Camdenton, Mo. Date signed Jan 27 - 46

ADDITIONAL SUPPLEMENTARY INFORMATION

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

MAY 6 1946

Embalmer No. 7,
1-46-124
Date Filed 2-9-46

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 *Abie Backson Volney*

Licensed Embalmer No. *2488*

P. O. Address *Camden, N.J.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 726
Registrar's No. 6

Registration District No. 50

Primary Registration District No. 5179

1. PLACE OF DEATH:
(a) County Camden
(b) City or town Osage Jwp Rural
(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 (Specify whether _____)

3. (a) PRINT FULL NAME Allen A.P. Nations
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced 3

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 19 Months _____ Day _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

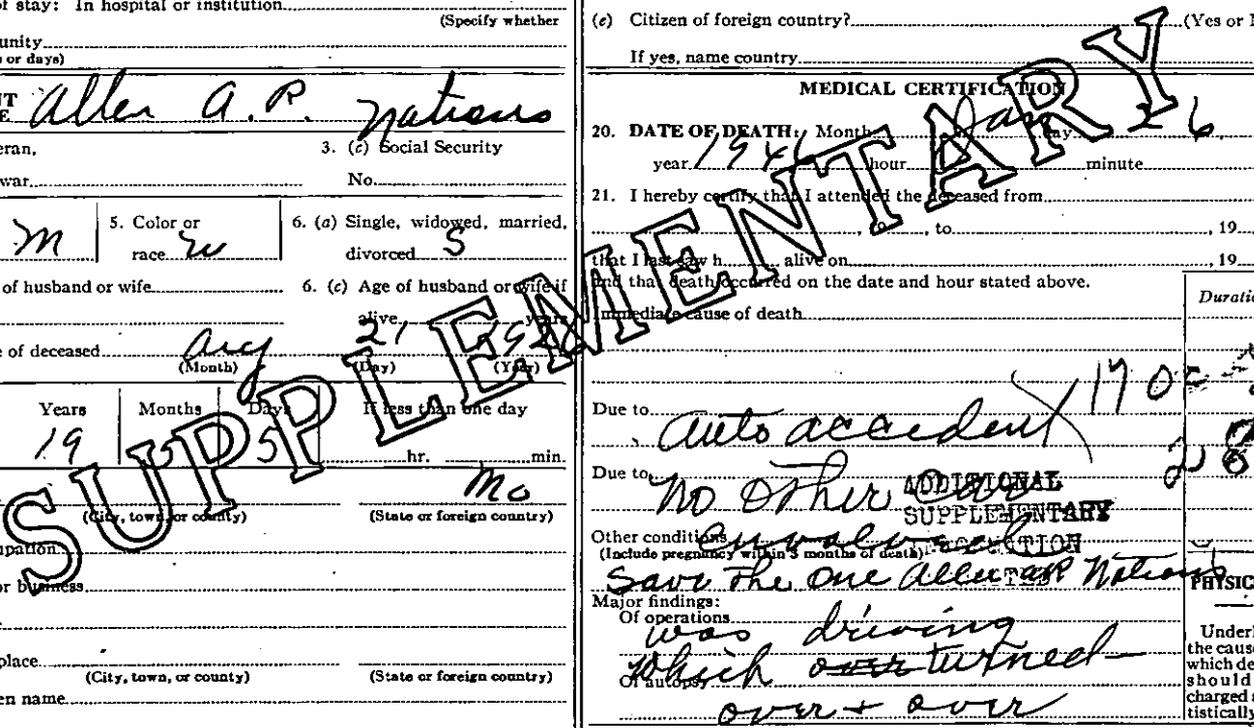
2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____ Year 1946 Hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to auto accident 1702-28
Due to no other cause 28
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Save The One Allen A.P. Nations PHYSICIAN
was driving which ~~over~~ turned over + over
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 _____ (M. D. or other)
Address _____ Date signed _____

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



MAY 6 1946

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