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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31757

Registration District No. 187 Primary Registration District No. 3440 Registrar's No. 129

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Chillicothe Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 6 days (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Chillicothe 1 (If outside city or town limits, write "RURAL")

(d) Street No. 413 Waples 2 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Thomas Benjamin Allnutt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Cora Bell Runyon

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July (Month) 27 (Day) 1878 (Year)

8. AGE: Years 69 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation Contractor

11. Industry or business

FATHER 12. Name James Allnutt

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

MOTHER 14. Maiden name Lizzie Trammel

MOTHER 15. Birthplace Livingston County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. J. Allnutt

(b) Address Chillicothe, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-47 (Month) (Day) (Year)

(c) Place: burial or cremation Tiberghien Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri.

19. (a) Oct 3-47 (Date received local registrar) (b) Frances B. Neal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1947 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Sept 26, 1947, to Oct 2, 1947; that I last saw him alive on Oct 2, 1947; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardiac failure

Due to Toxic psychosis and alcoholism

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 0

23. Signature Joseph F. Gale (M. D. or other) M.D.

Address Chillicothe Mo Date signed Oct 3-47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.