

1938 OCT 7 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33592

Do not use this space.

1. PLACE OF DEATH

(a) County Wright
 (b) Wright
 (c) City Wright

Registration District No. 908Primary Registration District No. 4549Registered No. 50(d) Street No. 426

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 49St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR WIFE OFHenry J. Allgerier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar. 26. 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72515

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Carroll Co. Mo.

FATHER

13. NAME

Louis Vinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Margaret Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT

O. R. ALLGERIER

(ADDRESS)

527 Olive St. W. Center Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hill Crest

DATE

9-14-1938

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

Botten Funeral HomeW. Center Grove, Mo.

20. FILED

9-26-38

19

Bernice Montgomery

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9-111938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 18, 1938 to Sept 11, 1938I last saw him alive on Sept 7, 1938 Death is saidto have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

myocardial infarction
chronic interstitial
nephritis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R. A. Ryan

, M. D.

(Address)

W. Center Grove

831

Licensed Embalmer's Statement on Reverse Side)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 11 1948

RECEIVED

District Health Officer No. 6,

District File Number 6-38-257

Date Filed 10-5-38

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,

George Stapp, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

George Stapp

Licensed Embalmer No. 3161

P. O. Address Mrs. Emma

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, above space should be left blank.