

DEPT JUL 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23405
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 814
(b) Township Judicious, Maryland Primary Registration District No. 6063
(c) City Benton, Mo (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Benton, Mo R#1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 OF (OR) WIFE OF D. N. Price
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5, 1875
7. AGE YEARS 64 MONTHS 5 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) June 17, 1939
11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashtington, Kentucky
13. NAME Alfred Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky
15. MAIDEN NAME Rebecca Layton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ky.
17. INFORMANT (ADDRESS) Mrs Dan Adams, Benton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashtington Ky DATE 6/24, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lois - Trumble and Son, Charleston, Mo
20. FILED 6-22-39 U. P. Haw Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/22, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 14, 1939, to June 22, 1939
I last saw h. w. alive on June 27, 1939 Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:
Arterial Sclerosis
Coronary Artery
Cerebral hemorrhage
Date of onset _____
Other contributory causes of importance: SB
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 19____
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) U. P. Haw, M. D.
(Address) Benton Mo
73

N. B.—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.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 2,

District File Number 739-71

Date Filed 7-19

RECEIVED

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, _____

John P. Rummel Jr.

or by _____

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

Signed *John P. Rummel Jr.*

Licensed Embalmer No. 3851

P. O. Address Charleston, 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, above space should be left blank.