

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

40553

Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 692
(b) Township Green Primary Registration District No. 5919B
(c) City _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. _____

2. PRINT FULL NAME

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 30-1939</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) <u>None</u>	
	11. Total time (years) spent in this occupation <u>None</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dearbon Missouri</u>		
FATHER	13. NAME <u>William R. Allan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dearbon Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Esteth Fern to hemut</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dearbon Missouri</u>	
17. INFORMANT (ADDRESS) <u>W. R. Allan Dearbon Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dearbon Cu</u> DATE <u>Nov 30</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Green Davis Dearbon Mo.</u>		
20. FILED <u>Dec 1</u> 19 <u>39</u> <u>W. M. Moore</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1939 to Nov 30 1939
I last saw h. alive on Nov 30 1939. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:
Born dead

Date of onset Don't know

Other contributory causes of importance: Don't know

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Don't know Date of injury Don't know 1939
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Don't know
Nature of injury Don't know

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) W. M. Moore M. D.
(Address) Dearbon Mo

RECEIVED

District Health Officer No. 111

District File Number 22.39-1807

Date Filed DEC. 20. 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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.