

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 7 - 1940
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5809

Registration District No. 892

Primary Registration District No. 5147

Registrar's No. 992

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural Ozark Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME William M Allman
3. (b) If veteran, name war 155
3. (c) Social Security No.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Allmon
6. (c) Age of husband or wife If alive 65 years
7. Birth date of deceased Sept, 21 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 29 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Wm F Allman
13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Thomas
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida Allman
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof Feb 25 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leann Cemetery

18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.

19. (a) March 4 (b) Don Buchbinder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Star Route Aurora Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 20
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 12
1940, to Feb 20, 1940
that I last saw him alive on Jan 17, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration not known

Due to Chronic Myocarditis not known

Due to

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations

Of autopsy

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?

23. While at work? (Specify type of place) (e) Means of injury

23. Signature J. M. Smith (M. D. or other) 1
Address Aurora Mo. Date signed 2/21
40

RECEIVED

District Health Officer No. 6,

District File Number 340-644

Date Filed MAR 5 1940

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.....

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.