

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22710

Registration District No. 766

Primary Registration District No. 6914
4461

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Roscoe Mo. (Rural)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Roscoe (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary Alice Allen 450

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe. 5. Color or race wh 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 15 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 26 hr. min.

9. Birthplace Cedar co MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Ephrim Francis

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Pace

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address Roscoe Mo.

17. (a) Burial (b) Date thereof April 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cem.

18. (a) Signature of funeral director _____

(b) Address Collins Mo.

19. (a) May 15, 1940 (b) Mrs. F. B. Goodrich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. II day 1940
year _____ hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Mar 1 - 1940
Apr 9 - 1940, to _____, 19____;
that I last saw her alive on Apr - 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Lungs Duration unknown

Due to Tubercular Bacillus

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: none Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no

40 Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place) _____
(e) Means of injury no

23. Signature J. W. Richards (M. D. or other) _____

Address Roscoe Mo Date signed _____

RECEIVED
District Health Officer No. 7,
District File Number: 6-40919
Date Filed 6-22-40

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

Paul F. Stone

Licensed Embalmer No. 3990

P. O. Address *Collins, 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.