DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22932

Registration District No. [illegible] Primary Registration District No. 3038 Registrar's No. 99

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.

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall 6
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hel ~~Sol~~ So. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life (Specify whether years, months or days) 11 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 461 So Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME ALLIE FRANKLIN AULGUR
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Oct - 3 - 1898 (Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Saline Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farmer 0
11. Industry or business ____

MOTHER FATHER
12. Name Robert Franklin Aulger 1
13. Birthplace Saline Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Gertrude B Thomas
15. Birthplace Putnam Co (City, town, or county) W. Virginia (State or foreign country)

16. (a) Informant's own signature Mrs Robt F Aulger
(b) Address Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem Marshall Mo
18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) 6-18-40 (Date received local registrar) (b) Mary Kent Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1940 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 17, 1940 to June 18, 1940 that I last saw him alive on June 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Ageton	
Due to 873	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature John R Lawrence (M. D. or other)
Address Marshall, Mo Date signed 6-19-

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-11-40

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. Felix Renz

Licensed Embalmer No. 4127

P. O. Address. Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.