

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34831**
Registrar's No. **1093**

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH

(a) County **BUCHANAN**
(b) City or town **ST JOSEPH**
(c) Name of hospital or institution **2022 DEWEY**
(d) Length of stay: In hospital or institution **10 YRS**
In this community **10 YRS**

3. (a) PRINT FULL NAME **EVA-MAY-ALLSBURY**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **wid**
6. (b) Name of husband or wife **John D. Allsbury** 6. (c) Age of husband or wife if alive **1869**
7. Birth date of deceased **Oct 17** (Month) **1869** (Day) **1869** (Year)

8. AGE: Years **70** Months **11** Days **28** If less than one day **hr. min.**

9. Birthplace **Elwood Ind.** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **at home**

12. Name **Timothy Russell**

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

14. Maiden name **Montha Good**

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

16. (a) Informant **Edmund Allsbury**

(b) Address **St Joseph**

17. (a) **burial** (b) Date thereof **Oct 17 1940**

(c) Place: burial or cremation **Belmont Ep. W. H. H. Co. No. 85**

18. (a) Signature of funeral director **Roy Stamer**

(b) Address **St Joseph Mo**

19. (a) **Oct 17-1940** (b) **W. H. H. Co.**

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BUCHANAN**
(c) City or town **ST JOSEPH**
(d) Street No. **2022 DEWEY - AVE.**
(e) If foreign born, how long in U. S. A? **years.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **15** year **1940** hour **11** minute **45 P.**

21. I hereby certify that I attended the deceased from **Oct 10** 1940 to **Oct 15** 1940 that I last saw her alive on **Oct 15** 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris** Duration **1 mo.**

Due to **11/11**

Due to **11/11**

Other conditions **none** (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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?

(Specify type of place) (e) Means of injury

While at work?

23. Signature **W. D. Kearby** (M. D. or other) **mo**

Address **St Joseph Mo** Date signed **10-15-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

John H. Hurley
working under my personal supervision.

Registered Apprentice No.

Signed John H. Hurley

Licensed Embalmer No. 41050

P.O. Address St Joseph, 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, fact should be so stated above.