No. 2
1-10-39
17-39
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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2125

Registration District No. 135 Primary Registration District No. 3010 Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~Standley Harper Home~~ 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ALL HER Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll 17
(c) City or town Carrollton
(If outside city or town limits, write "RURAL") 1
(d) Street No. ____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME ALLIE MELLISA Todd
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Frank Todd
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased March (Month) 3 (Day) 1868 (Year)

8. AGE: Years 72 Months 10 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business ____
FATHER
12. Name William Anderson
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Strickline
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Standley Harper
(b) Address Carrollton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 8 (Day) 41 (Year)
(c) Place: burial or cremation Coloma
18. (a) Signature of funeral director E. A. Dickerson
(b) Address Bogard Mo.
19. (a) 1-7-41 (Date received local registrar) (b) Ruth Haskins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 1 day 6th year 1941 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan. 1, 1941, to Jan. 6, 1941 that I last saw her alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	6 da
Due to	
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? 130 (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature R. Hamilton Stalons M. D. or other Mdl
Address Carrollton, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-41

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 E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogue Mo

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

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