

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2806

Registration District No. 385

Primary Registration District No. 5536

Registrar's No.

1. PLACE OF DEATH:

(a) County. HOWELL
(b) City or town. REVERA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Willow Springs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 11
(Specify whether
In this community. 5 yrs.
years, months or days)

3. (a) PRINT FULL NAME FRANK PERIX ALLOWAY

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

4. Sex MALE 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 JAN. 29 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 24 hr. min.

9. Birthplace Elsterry Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired business man

11. Industry or business Ex Mail Carrier, ex-Postmaster

12. Name Noracio B. Alloway
13. Birthplace Lincoln County, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary Carr
15. Birthplace Louisiana Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. B. Alloway
(b) Address Prescott, Ariz.

17. (a) Burial (b) Date thereof Jan. 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery - Willow Springs, Mo.

18. (a) Signature of funeral director. J. C. Burns

(b) Address Willow Springs, Mo.

19. (a) 1-24-41 (b) Marquette Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell
(c) City or town 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1941 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from 1-20-1940
to 1-23-1941
that I last saw him alive on 1-23-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 1 yrs

Due to 12/18
Due to

Other conditions Chronic Nephritis 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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?

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

23. Signature W. C. Callahan (M. D. examiner)
Address Willow Springs Date signed 1-27-41

RECEIVED

District Health Officer No. 5,

District File Number 241170

Date Filed _____

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 _____

Licensed Embalmer No. 3379

P. O. Address Willow Spring, 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.