DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 5 1941

Registration District No. 89-87

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34316

Primary Registration District No. 5-1-31

Registrar's No. 391

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

1. PLACE OF DEATH

(a) County: Butler

(b) City or town: Neelyville Mo

(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 12

(c) City or town: Neelyville 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Mary Frances Allard

3. (b) If veteran, name war .....

3. (c) Social Security No. ✓

4. Sex: F

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Arthur Allard

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: March (Month) 14 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
63	7	1	hr. ..... min.

9. Birthplace: Gall[redacted] Shawnee Town Ill (City, county) (State or foreign country)

10. Usual occupation: house wife

11. Industry or business .....

FATHER

12. Name: George W. Burroughs

13. Birthplace: Galliton Shawnee Town Ill (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Martha Rodgers

15. Birthplace: Shawneetown Ill (City, town, or county) (State or foreign country)

16. (a) Informant: Arthur Allard

(b) Address: Neelyville Mo

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: Oct 16 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Neelyville [redacted]

18. (a) Signature of funeral director: Minnie [redacted] Lisch

(b) Address: Naylor Mo

19. (a) Date received local registrar: 10-16-41 (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1941 hour 10 minute 45 AM.

21. I hereby certify that I attended the deceased from Oct 14 1941 to Oct 15 1941; that I last saw her alive on Oct 14 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral hemorrhage	
Due to: hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): LJB	

Major findings:
Of operations: ✓
Of autopsy: no

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? (Specify type of place)

While at work? ..... If so, Means of injury: 0

23. Signature: H E White (M. D. or other)

Address: Naylor Mo Date signed: 10-16-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1941

RECEIVED
District Health Office No. 2,
District File Number 1141-1459
Date Filed 11/3/41

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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.

. S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34316

Registration District No. 88 Primary Registration District No. 4054 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Neelyville
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary H. Allard
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar 14, 1878 (Month) (Day) (Year)
8. AGE: Years 63 Months 7 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 10-16-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

SUPPLEMENTARY

20. DATE OF DEATH: Month Oct Day 15 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed