

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.

FILED MAY 16 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15703

Do not use this space.

1. PLACE OF DEATH *Bellevue*
(a) County *Marshall Mo* Registration District No. *796*
(b) Township *Marshall Mo* Primary Registration District No. *3038*
(c) City *Marshall Mo* (d) Street No. *Mo State School* Registered No. *67*
(e) Length of residence in city or town where death occurred *12 yrs. 10 mos.* (f) How long in U. S., if of foreign birth? *12 yrs. 10 mos.* (g) How long in U. S., if of foreign birth? *12 yrs. 10 mos.*

2. PRINT FULL NAME *Kenneth Lee Allmon*
(a) Residence, No. *New Liberty Mo* St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <i>MO</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>S. O</i>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>19</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>None</i>					22. I HEREBY CERTIFY That I attended deceased from <i>Jan 1</i> 19 <i>42</i> to <i>Apr 3</i> 19 <i>42</i> Last saw him alive on <i>Apr 3</i> 19 <i>42</i> Death is said to have occurred on the date stated above, at <i>2 p.</i> m. The principal cause of death and related causes of importance were as follows: <i>Lobar Pneumonia</i> Date of onset <i>10/6</i>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 18 1925</i>						
7. AGE YEARS <i>16</i> MONTHS <i>8</i> DAYS <i>3</i>	If LESS than 1 day, ... hrs. or min.					
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>None</i>						
9. Industry or business in which work was done, as saw mill, bank, etc. <i>None</i>						
10. Date deceased last worked at this occupation (month and year) <i>None</i>						
11. Total time (years) spent in this occupation <i>None</i>						
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New Liberty Mo</i>					Other contributory causes of importance: <i>10/6</i>	
13. NAME <i>Jim Allmon</i>					Name of operation..... Date of.....	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Oregon County</i>					What test confirmed diagnosis?..... Was there an autopsy?.....	
15. MAIDEN NAME <i>Hester Bradshaw</i>					23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hawlee Co.</i>					Manner of injury..... Nature of injury.....	
17. INFORMANT (ADDRESS) <i>Files New Liberty Mo</i>					24. Was disease or injury in any way related to occupation of deceased? If so, specify <i>O. J. McConnell</i> (Signed) <i>Marshall Mo</i> (Address)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Removal</i> DATE <i>4/7/42</i>						
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>Marshall Mo</i>						
20. FILED <i>4/7/42</i> 19 <i>Marshall Mo</i> Local Registrar.						

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-15-42

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

Donald W. Short

Licensed Embalmer No.

3757

P. O. Address

Marshall Md

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.