

FILE AUG 14 1942

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25029

Registration District No. 688

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH

(a) County. Pike  
(b) City or town. Louisiana, Mo.  
(c) Name of hospital or institution. Pike County Hospital  
(d) Length of stay: In hospital or institution. 5 1/2 hours  
In this community. years, months or days

3. (a) PRINT FULL NAME. Jeane Martha Alloway

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

4. Sex. female 5. Color or race. white 6. (a) Single, widowed, married. divorced married  
6. (b) Name of husband or wife. Thomas Merritt Alloway 6. (c) Age of husband or wife if alive. 38 years  
7. Birth date of deceased. Aug 24, 1905 (Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation. Housewife and school teacher

11. Industry or business

12. Name L. P. Nicklin

13. Birthplace. Clarksville Mo. (City, town, or county) (State or foreign country)

14. Maiden name. Lottie Whithead

15. Birthplace. Carrollton Ky. (City, town, or county) (State or foreign country)

16. (a) Informant. Tom Alloway

(b) Address. Elsberry, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. July 7 1942 (Month) (Day) (Year)

(c) Place: burial or cremation. Clarksville Mo.

18. (a) Signature of funeral director. H. D. Bradley

(b) Address. Elsberry Mo.

19. (a) July 6 1942 (Date received local registrar) (b) DeHaley Sept (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Lincoln  
(c) City or town. Elsberry  
(d) Street No.  
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5<sup>th</sup> year 1942 hour 16 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 5, 1942 to July 5, 1942

and that I last saw her alive on July 5, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death. Heart disease - Duration

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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?

While at work (Specify type of place) (c) Means of injury.

23. Signature. C. B. Cunningham (M. D. or other)

Address. Date signed.

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

RECEIVED

District Health Officer No. 10

District File Number 8-42-1530

Date Filed AUG 11 1942

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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. ....

P. O. Address.....

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.