

26591

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 11

Primary Registration District No. 5041

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community Several Years

3. (a) PRINT FULL NAME:

Sarah E. Allwood

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married Widowed
2 divorced

6. (b) Name of husband or wife

Henry H. Allwood

6. (c) Age of husband or wife if

alive 1852 years
(Day) (Year)

7. Birth date of deceased

Mar
(Month)

1852
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

90

5

1

hr. min.

9. Birthplace

Withville Virginia

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER, FATHER

12. Name Peter Yomce

13. Birthplace Penn.

(City, town, or county)

(State or foreign country)

14. Maiden name Barbara Kinser

15. Birthplace Penn.

(City, town, or county)

(State or foreign country)

16. (a) Informant Clyde Allwood

(b) Address Cassville, Missouri

17. (a) Burial

(b) Date thereof

Aug 11 42
(Month) (Day) (Year)

(c) Place: burial or cremation

Tina Cemetery

18. (a) Signature of funeral director

Horine & Culver

(b) Address

19. (a) Aug 15-1942

(Date received local registrar)

(b) Grace Williams

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville, Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th
year 1942 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Aug 2 to Aug 2, 1942
that I last saw him alive on Aug 2 and that death occurred on the date and hour stated above.

Immediate cause of death

apoplexy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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?

While at work (Specify type of place)

23. Signature Allen N. Baker M. D. or other
Address Cassville Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

005

1077

RECEIVED

District Health Officer No. 6,

District File Number

942-1338

Date Filed

SEP 9 1942

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

Edison Bennett

Licensed Embalmer No.

4213

P. O. Address

Cassville, 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.