

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9564

State File No.

Registrar's No.

D MAR 22 1943

Registration District No.

Primary Registration District No.

1. PLACE OF BIRTH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1605 Boyd St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution abt 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM-D-ALLNUTT.

3. (b) If veteran, NO name war 487-14-5897

4. Sex M 5. Color or Race Wht 6. (a) Single, widowed, married, divorced Mar
6. (b) Name of husband or wife Rudie May 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased April 8 1885 (Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Danigman

12. Name UNK

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

14. Maiden name UNK

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

16. (a) Informant His Father

(b) Address St Joseph, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof Feb 28-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Courthouse

18. (a) Signature of funeral director Ray Blaney

(b) Address St Joseph, Mo

19. (a) 2-28-43 (b) Robt H. Hargis (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1605 Boyd (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 25, year 1943, hour 1, minute 0 P. M.

21. I hereby certify that I attended the deceased from Dec 7 1942 to Feb 25 1943, that I last saw him alive on Feb 25 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Barroirama of Polaris
card of St Joseph 6 M.
Due to Starvation 62 weeks

Due to 46 f

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) (e) Means of injury ✓

23. Signature of physician Charles B. Hargis (M. D. author)

Address 221 H. H. Hargis 1943

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

R.H.

MAY 28 1948

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 John R. Stone
Licensed Embalmer No. 2435
P. O. Address St. Joseph 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.