

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13559**

FILED APR 30 1943

Registration District No. **11**

Primary Registration District No. **402.5**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Wheaton**
(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 **---** (Specify whether)
In this community **---** years, months or days

3. (a) PRINT FULLNAME **Elizabeth Josephine Allman**

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

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, **2 divorced Widowed**
6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **March 29 1859**
(Month) (Day) (Year)

8. AGE: Years **83** Months **10** Days **28** If less than one day **hr. min.**

9. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **---**

MOTHER FATHER { 12. Name **Archie Aultry** 9
13. Birthplace **Not known** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Ann Wiese**
15. Birthplace **Not known** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Herman Allman**

(b) Address **Wheaton, Mo.**

17. (a) **Burial** (b) Date thereof **2/28.43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rockycomfort Cem.**

18. (a) Signature of funeral director **Wm. Marion Bogue**

(b) Address **Wheaton, Mo.**

19. (a) **Mar 9 1943** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Wheaton, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **---** (If rural, give location)
(e) If foreign born, how long in U. S. A? **---** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **26**
year **1943** hour **3** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan - 19**, 1943, to **Feb 26**, 1943.
that I last saw him alive on **Feb 26**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver**
Duration **---**

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? **---**

While at work? **---** (Specify type of place) (e) Means of injury **---**

23. Signature **O. B. McCall** (M. D. or other) **---**

Address **Wheaton Mo** Date signed **3-6-43**

RECEIVED

District Health Officer No. 6,

District File Number 443-1186

Date Filed APR 29 1943

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

Wm Morris Rogers

Licensed Embalmer No.

3442

P. O. Address

Wheaton, 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.