

FILED MAY 10 1943

Registration District No. 218

Primary Registration District No. 3017

Registrar's No. 46

27
21

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 10 Years. (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Mrs. Emma Allin.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Moses B. Allin. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 21 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>74</u>	<u>5</u>	<u>14</u>	_____ hr. _____ min.
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9. Birthplace Salisbury, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At home.

12. Name Jasper Finnell

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

14. Maiden name Ann Wheeler.

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

16. (a) Informant Mrs. Fred Phelps.

(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6th 1943
(Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem. Salisbury,

18. (a) Signature of funeral director Goodman & Miller

(b) Address Boonville, Mo.

19. (a) April-6-43 (Date received local registrar) (b) Dr. Chas. Swap, (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Boonville
(If outside city or town limits, write "RURAL")

(d) Street No. 620-4th. St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1943 hour 5 minute a.m.

21. I hereby certify that I attended the deceased from 4-3
_____ 1943 to 4-4 1943
that I last saw her alive on 4-3 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage
sentinulo-artery. 16 hrs.

Due to Arterio-sclerosis.

Other conditions 301
(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? _____

23. Signature Hubert S. Wells (M. D. or other) _____
Address Boonville, Mo. Date signed 4-5-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-6-43

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.