

FILED

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29080

State File No.

SEP 4 1943 280

Primary Registration District No. 4419

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Bearborn, Missouri
(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 one day

3. (a) PRINT FULL NAME Jerald Warren Allbaugh

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

7. Birth date of deceased June 20th. 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 19 hr. min.

9. Birthplace Decorah Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Just a Baby

11. Industry or business None

12. Name Warren Keith Allbaugh

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

14. Maiden name Harriet Pierce

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

16. (a) Informant Mrs. Warren Allbaugh

(b) Address New Hampton, Iowa

17. (a) removal (b) Date thereof Aug. 19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hampton, Iowa

18. (a) Signature of funeral director Reuben Davis

(b) Address Bearborn, Missouri

19. (a) Aug. 19-43 (b) Mrs. Clay Liffie
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 999
(c) City or town New Hampton, Iowa 13
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th.
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 18
19 43 to Aug. 18 19 43
that I last saw him alive on Aug. 18
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 3 hours

Due to Acute Indigestion

Due to None 118'13

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

Major findings:
Of operations None

Of autopsy Body viewed

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) NO

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

None (Specify type of place) (e) Means of injury None

23. Signature Mrs. M. M. M. M. M. (M. D. or other) None

Address Bearborn, Mo. Date signed 8/18/43

RECEIVED

District Health Officer No. Phella
District File Number 9-43-85
Date Filed 9-2-43

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 Russian Davis

Licensed Embalmer No. 4160

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.