

FILED SEP 28 1943
318

State File No. _____
Registrar's No. 8279

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Winona (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard Lee Allmon

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced infant

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

7. Birth date of deceased June 21st 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 25 hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Chester Allmon

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

14. Maiden name Maggie Anthony

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

16. (a) Informant Chester Allmon

(b) Address Winona, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/43 (Month) (Day) (Year)

(c) Place: burial or cremation (self) to Winona, Mo.

18. (a) Signature of funeral director A. J. M. Haughton

(b) Address 201 Lafayette Ave.

19. (a) SEP 17 1943 (b) J. Bredsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16 year 43 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from 8-30, 1943, to 9-16, 1943; that I last saw him alive on 9-16, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Septicemic Cellulitis of Rt Chest wall
Pneumothorax
Due to Amnesia Hem Strep

Duration 20 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) 11 if

Major findings: Of operations _____
Of autopsy Septicemic Cellulitis Chest Wall & Sepsis & Pneumothorax

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) (c) Means of injury _____
23. Signature Gilbert B. Forhan (M. D. or other)
Address 500 So. Keighly Date signed _____

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

MOTHER FATHER

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address. 2317 Lafayette

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.