

No. 1-4-17-39 X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43078

Registration District No. 210

Primary Registration District No. 5774

State File No.

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Merew
(b) City or town Raymanna
(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 ✓
In this community 65 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Merew
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Raymanna Div
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 4 P
year 43 hour 00 minute 00 M.
21. I hereby certify that I attended the deceased from 12/2-43
1943 to 12/4/43 1943
that I last saw him alive on 12/4/43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death metral respiration 3 weeks
Chronic nephritis 2 yrs
Due to Chronic nephritis 2 yrs
Due to

Other conditions (Include pregnancy within 3 months of death) 1318
Major findings: SA
Of operations
Of autopsy

Duration
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Peter Pallard

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 2 widower
6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased July 17 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months Days If less than one day hr. min.

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

10. Usual occupation Railroader

11. Industry or business

12. Name John Pallard

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

14. Maiden name Mary Hickman

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

16. (a) Informant Cleove Pallard

(b) Address Raymanna Mo

17. (a) Burial (b) Date thereof Dec 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Noel Mass

(b) Address Truett Mo

19. (a) 12-8-43 (b) Jessie Alley
(Date received local registrar) (Registrar's signature)

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 J M Perry (M. D. or other) MD

Address Truett Mo Date signed 12/5-43

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

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Hail J. Jones

Licensed Embalmer No. 263x

P. O. Address Funerals

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan.
Registrar's No. _____

Registration District No. 210

Primary Registration District No. 5774

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

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Bavanna Rural
(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 65 yr. _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Peter Pallard

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased July 17 - 1903
(Month) (Day) (Year)

8. AGE: Years 86 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town Bavanna Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

5-43078