

No. 2  
-2-43  
-17-39  
X35697

FILED FEB 1 1944

Registration District No. 384

Primary Registration District No. 3004

Registrar's No. 309

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Boone

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

(d) Street No. 624 N 4th  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME S. C. Allspaw

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th year 1943 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 5-18-43 to 12-18-43  
that I last saw him alive on Dec 18 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Adelle Allspaw

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 14 1854  
(Month) (Day) (Year)

Immediate cause of death Flea Pneumonia for days

Duration \_\_\_\_\_

8. AGE: 89 Years 5 Months 4 Days  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Flea

Due to 33a

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Farmer

Major findings: Of operations nausea

Of autopsy: nausea

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Allspaw

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

14. Maiden name Polum

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence no

(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? \_\_\_\_\_

16. (a) Informant Barth Stibham

(b) Address Harrisburg MO R

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

(c) Place: burial or cremation Dripping Springs

While at work? no (Specify type of place) (e) Means of injury 0

23. Signature W. D. D... M.D. (M. D. or other) MD  
Address Columbia Mo Date signed 12-21-43

18. (a) Signature of funeral director R. O. W...

(b) Address Columbia Mo

19. (a) 12-18-43 (b) Edna T. Barber  
(Date received local registrar) (Registrar's signature)

1250

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.....

*No Embalming*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*R. W. [Signature]*

Licensed Embalmer No.....

*3185*

P. O. Address.....

*Columbia*

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.