

FILED JUL 13 1944

Registration District No. **120**

Primary Registration District No. **5450**

Registrar's No. **65**

1. PLACE OF DEATH:

(a) County **Gentry**
(b) City or town **Darlington Mo. R.R.**
(c) Name of hospital or institution: **Farm home.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60 Yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Julia Theresa Allenbrand.**

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

4. Sex **Female**
5. Color or race **Cau**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Adam E.**
6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **Feb. 28 1879**
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **1**
If less than one day hr. min.

9. Birthplace **Chicago Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House work.**

11. Industry or business

12. Name **J.B. Havit.**

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

14. Maiden name **Elizabeth Henrie**

15. Birthplace **Paris France.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Allenbrand.**

(b) Address **Darlington Mo. R.R.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5. 31. 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Berlin Mo.**

18. (a) Signature of funeral director **R. B. Taggart**
(b) Address **King City Mo.**

19. (a) **June 12-1944** (Date received local registrar) (b) **Thomas D. Miller** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Gentry**
(c) City or town **Darlington Mo. R.R.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Miller Inf.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29** year **1944** hour **3** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 29, 36 May 29, 1944**
that I last saw her or alive on **May 24,**
and that death occurred on the date and year stated above.

Immediate cause of death **Cardiac insufficiency**
Cardio-nephritis.
Due to **Cardio-nephritis.**

Due to

Other conditions (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?

While at work (Specify type of place) (e) Means of injury
23. Signature **Thomas D. Miller** (M. D. or other)
Address **Mayville Mo.** Date signed **6/3/44**

Duration

8 yrs

8 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 3 1961
OCT 5 1961

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 R. B. Taggart

Licensed Embalmer No. 2563.

P. O. Address King City 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.