

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21898

FILED JUL 6, 1944

Registration District No.

Primary Registration District No.

3034

State File No.

Registrar's No.

41

1. PLACE OF DEATH:

(a) County LAFAYETTE
(b) City or town HIGGINSVILLE MO
(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 25 YEARS
years, months or days)

3. (a) PRINT FULL NAME EMMA CAROLINE ALLENDER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LEWIS ALLENDER 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased JULY 13 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 11 13 hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

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

16. (a) Informant MRS CHRIST RINKE
(b) Address AFTON MO
17. (a) BURIAL (b) Date thereof JUNE 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO
19. (a) 6-27-1944 (b) Dr. W. A. Braecklein
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE
(c) City or town HIGGINSVILLE (If outside city or town limits, write "RURAL")
(d) Street No. WEST 29 ST. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26 year 1944 hour 12 minute 10 P.
21. I hereby certify that I attended the deceased from May 13, 1944 to June 25, 1944
that I last saw her alive on June 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic coma
Due to Diabetic mellitus about 10 yrs.

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) (c) Means of injury

23. Signature E. M. Moore (M. D. or N. D.)
Address Higginsville, Missouri Date signed 6-27-44

1189 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 7-5-44

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 _____

Licensed Embalmer No. 2058

P. O. Address Concordia 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.