

FILED SEP 14 1944

Registration District No.

Primary Registration District No. 3006

Registrar's No. 211

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: 622 N. 4th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 56 years (Specify whether years, months or days)
In this community 56 years

3. (a) PRINT FULL NAME

ROSCOE B. ALLTON

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 Married
6. (b) Name of husband or wife Flurence Allton 6. (c) Age of husband or wife if alive 4 - 19 - 1888 years (Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name R. W. Allton
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Julia Wade
15. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roscoe Allton
(b) Address 622 N. 4th St. Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Edna J. Barber
(b) Address Columbia, Mo.
19. (a) 8-28-44 (Date received local registrar) (b) Edna J. Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia (If outside city or town limits, write "RURAL")
(d) Street No. 622 N. 4th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1944 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from 7-16 - 1944 to 8-26 - 1944, that I last saw him alive on 8-26 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial decompensation Duration 8-23-44
8-26-44
Due to Anemia, hypoxia, bronchial 7-16-44
Carcinoma, extreme tachycardia 8-26-44
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) Means of injury 2

23. Signature Dr. J. M. Wallis (M.D. or other) DO
Address 311 E. C. Ave. Date signed 8-28-44

65617 3MHR
1959

SEP 18 1944
SEP 19 1944

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 9-13-44

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

Signed Charles E. King
Licensed Embalmer No. 4132
P. O. Address Columbia, 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.