. S. No. 2
DM—8-43
v. 5-17-39
P I X37823

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

4 0 0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30421

Registration District No. 10 | Primary Registration District No. 5037 | Registrar's No. 129

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4 0
(c) City or town Mexico (If outside city or town limits, write "RURAL") 0
(d) Street No. R. #1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Barbra Ann Allington
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex F | 5. Color or race Colored | 6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 22, (Day) 1944 (Year)

8. AGE: Years — | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Mexico, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Child
11. Industry or business

FATHER
12. Name Wendell Allington
13. Birthplace DK (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Minnie Exford
15. Birthplace Williamsburg, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Lawrence Exford
(b) Address Mexico, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/44 (Month) (Day) (Year)
(c) Place: burial or cremation Williamsburg, Mo. 0
18. (a) Signature of funeral director Chas Arnold Jr.
(b) Address Mexico, Mo.
19. (a) 9/13/44 (Date received by local registrar) Margaret H Meekie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from 9-1-44, 19..., to 9-11-44, 19...; that I last saw h[e] alive on 9-11-44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to	
Other conditions Malnutrition (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 108

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. J. Fecton (M. D. or other)
Address Mexico, Mo. Date signed 9/13/44

107K

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-44-1642
Date Filed OCT 5 1944

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.