

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33857**

FILED OCT 27 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. **1000**Registrar's No. **1057**

## 1. PLACE OF DEATH.

(a) County **Buchanan**  
 (b) City or town **St Joseph**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**2726 So 22nd**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **40 yrs** (years, months or days)

3. (a) PRINT FULL NAME **Harriett A. Allnutt**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Graver** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Nov 3 1888**  
 (Month) (Day) (Year)

8. AGE: Years **55** Months **11** Days **19** If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Princeton D Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

## 11. Industry or business

12. Name **Charles Perks**  
 13. Birthplace **D Mo.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Ellen**  
 15. Birthplace **D Mo.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Peggy Arnold**  
 (b) Address **St Joseph, Mo**

17. (a) **Burial** (b) Date thereof **10-24-44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Princeton Mo**

18. (a) Signature of funeral director **Fleeman & son Inc**

(b) Address **St Joseph, Mo.**

19. (a) **10/24/44** (b) **Walter D. Pickle**  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**  
 (c) City or town **St Joseph**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2726 So 22nd**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **22**  
 year **1944** hour **3** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Oct 12-1944**  
~~Oct 21~~ 1944 to **Oct 21** 1944  
 that I last saw her alive on **Oct 21-1944** 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial infection strepto and staphylococcus**  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **none**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations **none**

Of autopsy **no 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 **St Meloney** (M. D. or other)  
 Address **214 Kirkpatrick** Date signed **Oct 23 1944**

(Licensed Embalmer's Statement on Reverse Side)

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

Planned

1377

**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

working under my personal supervision.

Signed

*Robert H. Gaph*

Registered Apprentice No.

Licensed Embalmer No.

3308

P. O. Address

*St Joseph, 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.**