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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944
Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34781
State File No. _____
Registrar's No. 305

Primary Registration District No. 3043

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4
3
4

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Severing Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal Mo 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 610. West Jean Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOANN ALLENSWORTH
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 30
year 1944 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 29 Sept 1944 to 30 Sept 1944
that I last saw her alive on Sept 30 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, ~~widowed~~, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 29 1944
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 24 hr.
Due to Birth injury
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1600

8. AGE: Years _____ Months _____ Days 1 If less than one day 5 hr. _____ min.
9. Birthplace Hannibal Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name George Allessworth
13. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Betty Brown
15. Birthplace Hannibal Co Mo
(City, town, or county) (State or foreign country)

MOTHER FATHER {
16. (a) Informant Mr. George Allessworth
(b) Address Hannibal Mo
17. (a) Burial (b) Date thereof 9-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Glad's Cemetery
18. (a) Signature of funeral director Geo. O. Russell
(b) Address Hannibal Mo
19. (a) 9-30-44 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address Hannibal Mo Date signed 9-30-44

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..... *Michael J O'Donnell*

Licensed Embalmer No. *3246*

P. O. Address *Hennetel*

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.)

5 If this body is not embalmed, fact should be so stated above.