

FILED FEB 13 1945

State File No.

Registration District No. 155

Primary Registration District No. 3727 557 8

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Alma (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5 miles North East (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 63 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 5 miles N.E. of North City (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME Thomas J. Allsbury

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

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased February 5 1856 (Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 1 If less than one day hr. 1 min.

9. Birthplace Hancock Del (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name No data
13. Birthplace No data (City, town, or county) (State or foreign country)
14. Maiden name No data
15. Birthplace No data (City, town, or county) (State or foreign country)

16. (a) Informant son, Chas. Allsbury
(b) Address Alma, Mo

17. (a) Burial (b) Date thereof 1/19/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heaven Cemetery Dodge, Leuna

18. (a) Signature of funeral director [Signature]

(b) Address North City, Mo

19. (a) Jan 9 1945 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1945 hour 11 minute 59 P. M.

21. I hereby certify that I attended the deceased from MAY 15 1944 to JAN 6th 1945
that I last saw h. i. m. alive on JAN 6th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA Duration ?

Due to [Signature]

Due to [Signature]

Other conditions MYOCARDITIS (Include pregnancy within 8 months of death)

Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED Of autopsy PHYSICIAN

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) D.O.
Address PATERVILLE MO. Date signed 1-7-45

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

823

1180

45-1-108

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 E. D. Hedge

Licensed Embalmer No. 20859

P. O. Address Wesley

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.

Registration District No. 155

Primary Registration District No. 5578

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Central Junction 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 _____ years, months or days

3. (a) PRINT FULL NAME

Thomas J. Allsburg
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 6 1885
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to CHRONIC NEPHRITIS
Due to _____

Other conditions PROSTATISM
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 131
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) DO
Address CATHERVILLE Date signed 2-11-45

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

SUPPLEMENTARY

3-2008