

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10221

State File No.

FILED MAR 16 1945

Registration District No. 219

Primary Registration District No. 5791

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Russellville Rural
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Russellville Rural
(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 _____

3. (a) PRINT FULL NAME GEORGE R. ALLEE

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
7. Birth date of deceased Nov. 19 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name B. W. Allee

13. Birthplace High Point MO.
(City, town, or county) (State or foreign country)

14. Maiden name Gray

15. Birthplace High Point MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Two Effie Ector

(b) Address Russellville Mo.

17. (a) Burial (b) Date thereof 2-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENLAGE CEM.

18. (a) Signature of funeral director Two Effie Ector

(b) Address Russellville Mo.

19. (a) Feb. 28 45 (b) Mrs. E. W. Plummer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb. day 26th
year 1945 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb 22
1945 to Feb 26 1945;
that I last saw him alive on Feb 26 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Coronary Occlusion
Duration minutes
Due to _____
Duration _____

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

Major findings: 94a
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:
(c) 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 _____
23. Signature E. M. Clark (M. D. or other) D.O.
Address Russellville Mo. Date signed 2/27/45

RECEIVED

District Health Officer No. 9.

District File Number

Date Filed 3-15-45

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 *G. M. Steffens*
Licensed Embalmer No. *2307*
P. O. Address *Russellville 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.