

FILED MAY 24 1945
Registration District No. **4450**

Primary Registration District No. **4450**

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

1. PLACE OF DEATH: **RIPLEY, DONIPHAN,**
(a) County **DONIPHAN,**
(b) City or town **DONIPHAN,**
(c) Name of hospital or institution: **AT HOME,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **EIGHT YEARS.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **IRVAN EARL ALLARD,**
3. (b) If veteran, name war _____
3. (c) Social Security No. **194-05-5868**

4. Sex **MALE** 5. Color **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED.**
(b) Name of husband or wife **LAURINA FARVER,** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **Nov. 1, 1899**
(Month) (Day) (Year)

8. AGE: Years **45** Months **4** Days **30** If less than one day hr. _____ min. _____

9. Birthplace **IOWA**
(City, town, or county) (State or foreign country)
10. Usual occupation **ELECTRICIAN, TELEPHONE LINEMAN.**

MOTHER FATHER { 11. Industry or business **LINEMAN.**
12. Name **WILLIE ALLARD,**
13. Birthplace **Keosau**
(City, town, or county) (State or foreign country)
14. Maiden name **ANNA SHOWERS,**
15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. LAURINA ALLARD,**
(b) Address **DONIPHAN, MO.**
17. (a) **BURIAL** (b) Date thereof **4-3-45.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **DONIPHAN, MO.**

18. (a) Signature of funeral director **F. E. JORDAN,**
(b) Address **DONIPHAN, MO.**
19. (a) **5-21-45** (b) **E. Johnston**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI,** (b) County **RIPLEY,**
(c) City or town **DONIPHAN.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MARCH** day **31,** year **1945.** hour _____ minute _____ P.M.

21. I hereby certify that I attended the deceased from **12-1-1944** to **3-20-1945.**
that I last saw him alive on **3-20-1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Thrombosis.**
Due to **Coronary Thrombosis.**
Due to _____

Other conditions **Diabetes mellitus**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **61**

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?

23. Signature **J. E. Johnston** (M. D. or other) **4-2-45.**
Address **DONIPHAN, MO.** Date signed _____
(Specify type of place) (c) Means of injury

(Licensed Embalmer's Statement on Reverse Side)

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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

Registered Apprentice No.
Licensed Embalmer No. 3200

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.