S. No. 2
M—8-43
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I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27701

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 38

1. PLACE OF DEATH:

(a) County JOHNSON

(b) City or town HOLDEN (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8TH & BUFFALO 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether

In this community 36 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State JOHNSON (b) County MISSOURI 51

(c) City or town HOLDEN 1 (If outside city or town limits, write "RURAL")

(d) Street No. 8TH & BUFFALO 0 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country XXXX

3. (a) PRINT FULL NAME HERMAN S ALMOND

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife HATTIE B ALMOND

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased DEC (Month) 22 (Day) 1869 (Year)

8. AGE: Years 75 Months 7 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace WARREN CO (City, town, or county) ILLINOIS 1 (State or foreign country)

10. Usual occupation FARMING

11. Industry or business SAME

FATHER
12. Name WILLIAM ALLEN ALMOND
13. Birthplace KENTUCKY 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ALICE BUNTING
15. Birthplace OHIO 1 (City, town, or county) (State or foreign country)

16. (a) Informant HATTIE B ALMOND

(b) Address HOLDEN MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 21 1945 (Month) (Day) (Year)

(c) Place: burial or cremation HOLDEN MO

18. (a) Signature of funeral director Canaday & Rapp

(b) Address Holden Mo

19. (a) 8-22-45 (Date received local registrar) (b) Kathryn S. Canaday Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 19 year 1945 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from June 4, 1939, to Aug 19, 1945; that I last saw him alive on Aug 19, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon c̄ Metastasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis	

Major findings:
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:

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Kelly Rawlins (M. D. or other)

Address Holden Mo Date signed 8/22/45

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(Licensed Embalmer's Statement on Reverse Side)

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: M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address: Walden, 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.