

FILED MAY 9 1946

STANDARD CERTIFICATE OF DEATH

State File No. 12651

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: St. Joseph Hospital. 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hours.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 24

(c) City or town Boonville. 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. Water St. 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Dona May Allen.

3. (b) If veteran, name war. ---

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1946 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from Apr 7
1946, to Apr 7, 1946
that I last saw her alive on Apr 7, 1946
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. ---

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

7. Birth date of deceased: April 7 1946
(Month) (Day) (Year)

Immediate cause of death Ashpoxia Neonatorum
(Cause not determined)

Duration 1 hour

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

Due to _____

Due to _____

Other conditions Premature Birth
(Include pregnancy within 3 months of death) 20 days premature

9. Birthplace Boonville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation ---

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business ---

12. Name Chester Allen 0

13. Birthplace Texas County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Walters. 11

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

16. (a) Informant Chester Allen.

(b) Address Boonville, Mo.

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? n

While at work? _____ (Specify type of place)

(e) Means of injury 11

17. (a) Burial (b) Date thereof April 8th/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clayton Cem. Cooper Co., Mo.

18. (a) Signature of funeral director Serdman & Bolla

(b) Address Boonville, Mo.

19. (a) April 11, 46 (b) Clayton Morris
(Date received local registrar) (Registrar's signature)

23. Signature J. C. Fincher (M. D. or other) M.D.

Address Boonville Mo Date signed Apr 7-46

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

11556

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-8-46

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.....

Licensed Embalmer No.....

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.