

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13657**  
Registrar's No. **19**

**FILED MAY 6 1946**

Registration District No. **5595**

1. PLACE OF DEATH:

(a) County **JEFFERSON**  
(b) City or town **RURAL - ROCK TOWNSHIP**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**NEAR BARNHART - MO.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community **6 YEARS**  
years, months or days)

3. (a) PRINT FULL NAME **LUCY ALLARD**

3. (b) If veteran, name war. **---** 3. (c) Social Security No. **NONE**

4. Sex **F. I.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **DECEASED** 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. **DEC 21 1868**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **28** If less than one day  
hr. min.

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

10. Usual occupation **HOUSEWIFE**

11. Industry or business **Home**

12. Name **UNKNOWN**

13. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country) **9**

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Rev. CARL CHANEY**  
(b) Address **BARNHART MO.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **APR. 23, 1946**  
(Month) (Day) (Year)

(c) Place: burial or cremation **HARRISON CEM. CHRISTOPHER - ILL.**

18. (a) Signature of funeral director **HEIKIGTAG FNN Home**

(b) Address **KIMMSWICK MO.**

19. (a) **4-21-46** (Date received local registrar) (b) **Phil J. Kirk** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APR.** day **19**  
year **1946** hour **3** minute **30** P. M.

21. I hereby certify that I attended the deceased from **9-1-45**  
19 to **4-19** 1946  
that I last saw her alive on **4-19** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocarditis**

Due to **---**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy

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) Means of injury **---**

23. Signature **Phil J. Kirk** (M. D. or other) **4/21/46**  
Address **Kimmswick Mo.** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12300

**RECEIVED**  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 5-3-46

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Arthur W. Hilgert*

Licensed Embalmer No. 3872

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.**