

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22464

State File No. _____

Registration District No. 381

Primary Registration District No. 6178

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Cora Duncan
(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 71 yrs (Specify whether years, months or days)
In this community 71 yrs

3. (a) PRINT FULL NAME Edward Andrew Almond

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (b) Name of husband or wife Martha A. Almond
7. Birth date of deceased Jan 23 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Wilson Almond
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Engle
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Obe Almond
(b) Address Cora Mo

17. (a) Burial (b) Date thereof 7/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak, near Cora

18. (a) Signature of funeral director Rehman

(b) Address Millan Mo

19. (a) July 5-1946 (b) Mrs. H. B. Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Cora
(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 June day 30
year 1946 hour 3 minute 55 M.

21. I hereby certify that I attended the deceased from April 30, 1946, to June 30, 1946, that I last saw him alive on June 13, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of prostate with septic infection

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1370

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) (c) Means of injury _____

23. Signature J. S. Montgomery (M. D. or other) Millan Mo
Address _____ Date signed _____

320 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 7-46-1311

Date Filed JUL 1 0 1946

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.....

Dwight Schaefer

Licensed Embalmer No. 2667

P. O. Address Meriden, Conn.

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.