

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32732**

FILED NOV 8 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1225**

1. PLACE OF DEATH: **Buchanan**
(a) County **St. Joseph.**
(b) City or town **St. Joseph.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri Methodist.**
(If not in hospital or institution, write street number and location) **4 days.**
(d) Length of stay: In hospital or institution **4 days** (Specify whether
In this community **4 days**
years, months or days)

3. (a) PRINT FULL NAME **Lidia M. y Alloway.**

3. (b) If veteran, name war **--** 3. (c) Social Security **not stated**

4. Sex **Female** 5. Color **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Adam D. Alloway** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **May 15 1880**
(Month) (Day) (Year)

8. AGE: Years **66** Months **5** Days **11** If less than one day
hr. min.

9. Birthplace **Franklin County Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife.**

11. Industry or business

12. Name **Howard Moore**

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

14. Maiden name **unk. unk.**

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

16. (a) Informant **Earnest Alloway.**

(b) Address **Mound City, Mo.**

17. (a) **Burial** (b) Date thereof **10/28/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mound City, Mo.**

18. (a) Signature of funeral director **W. H. Crawford**

(b) Address **Mound City, Mo.**

19. (a) **Nov. 1, 1946** (b) **A. J. Northcutt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Holt**
(c) City or town **Mound City.**
(If outside city or town limits, write "RURAL")
(d) Street No. **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 **Oct.** day **26**
year **1946** hour **4** minute **30** P. M.

21. I hereby certify that I attended the deceased from **10/22/46** to **10/26/46**

that I last saw h. **er** alive on **10/26/46**

and that death occurred on the date and hour stated above.

Immediate cause of death **Embolism, cerebral** Duration **36hrs.**

Due to **Heart disease, arteriosclerotic**

Due to **Arteriosclerosis**

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) (c) Means of injury

23. Signature: **A. J. Northcutt** (M. D. or other) **M. D.**

Address **St. Joseph, Mo.** Date signed **10/30**

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

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. 1824

P. O. Address. Maumet City, 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.