S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35876

Registration District No. 6-1-9-8-3 58 Primary Registration District No. 3-5-4-6198 Registrar's No.

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town TYRONE CASS
(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 (Specify whether
In this community 4 Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107

(a) State MO (b) County TEXAS

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

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

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

If yes, name country

3. (a) PRINT FULL NAME ELMER SIDNEY ALLMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased JUNE (Month) 27 (Day) 1869 (Year)

8. AGE: Years 77 Months 4 Days 2 If less than one day hr. min.

9. Birthplace MERCER, CO. (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name ALEXANDER ALLMAN
13. Birthplace (City, town, or county) OHIO (State or foreign country) /

MOTHER
14. Maiden name CLARINDA BURTON
15. Birthplace (City, town, or county) IND (State or foreign country) /

16. (a) Informant OLLIVE COLLINS

(b) Address TYRONE, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-30-46 (Month) (Day) (Year)

(c) Place: burial or cremation OZARK

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address HOUSTON, MO

19. (a) Nov. 4, 46 (Date received local registrar) (b) Gaynell Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 29 year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from in March, 1946, to , 19 ; that I last saw him alive on March, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio Sclerotic Ht. disease	10 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension	10 years

Major findings:
Of operations
Of autopsy 93D

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 Garrett Lloyd Jr. MD (M. D. or other)

Address Eaton MO Date signed 10/30/46

335

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 146613
Date Filed 11-13-46

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 Guy F. Hutchison
Licensed Embalmer No. 4374
P. O. Address Cabot, Me

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.