

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13014

Registrar's No. 163

Registration District No. 1017

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Fayette MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

Rosa C. Allmond

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex F 1. Color or race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Geo P. Allmond  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased march 13 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 0 17 hr. min.

9. Birthplace Unknown Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Finus Bantney  
13. Birthplace Unknown Ill  
(City, town, or county) (State or foreign country)  
14. Maiden name Elineth Skene  
15. Birthplace Unknown Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo P. Allmond  
(b) Address Fayette MO  
17. (a) McBulley (b) Date thereof April 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation McBulley

18. (a) Signature of funeral director A. J. Amerman  
(b) Address Paragona Ark  
19. (a) 4-1-47 (b) Carl J. Hunsford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35  
(c) City or town Kennett 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 30  
year 1947 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from march 15 1947, to march 30 1947.  
that I last saw her alive on march 29 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus with pulmonary metastases  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy 48B

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)  
(e) Means of injury \_\_\_\_\_  
23. Signature George D. Dunning (M. D. or other) Ill  
Address Kennett Mo Date signed 3/31/47

RECEIVED

District Health Office No. 2,

District File Number 442-562

Date Filed 4-14-42

---

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.

*Redmar Embalmer*  
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.**