

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 733  
Registrar's No. 8

FILED FEB 16 1948

Registration District No. 1220

Primary Registration District No. 4198

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town King City R.R.  
(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 68 (Specify whether years, months or days)  
In this community 68

3. (a) PRINT FULL NAME Murton Edward Allis

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

4. Sex Male 5. Color or race Cau. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anne Bell 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased May 1, 1861 (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Twende Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

12. Name Joel Allis

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

14. Maiden name Mary Nichols

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

16. (a) Informant Lester Allis

(b) Address King City Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation King City Cemetery

18. (a) Signature of funeral director R. G. Haygart

(b) Address King City Mo.

19. (a) 2-19-48 (Date received local registrar) (b) Harold H. Webster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry  
(c) City or town Rural (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 Jan day 24 year 1948 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from Dec 31, 1947 to Jan 24, 1948  
that I last saw him alive on family 13 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration  
Coronary sclerosis

Due to

Due to

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) (e) Means of injury

23. Signature D. E. Black (M. D. or other)

Address King City Mo Date signed 2-19-48

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King 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.**