S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 19 1948
Registration District No. 628

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5239

State File No. 8134

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural-----Linn
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cedar
(c) City or town Ruaral---Linn
(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

3. (a) PRINT FULL NAME Byrann B. Allder
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Allder
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May (Month) 26 (Day) 1886 (Year)

8. AGE: Years 61 Months 9 Days If less than one day hr. min.

9. Birthplace Cedar Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Veterinarian
11. Industry or business

MOTHER FATHER
12. Name John E. Allder
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Martha Pyle
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant John L Allder
(b) Address Stockton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Cemetery
18. (a) Signature of funeral director Church & Neale
(b) Address Stockton Missouri
19. (a) 3-13-48 (Date received local registrar) (b) Geneva Garrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 26 day
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-20 1948, to 2-26 1948,
that I last saw h. alive on 2-26 1948,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations N-P	
Of autopsy	

PHYSICIAN
Underline the cause of 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

23. Signature Wm. R. Richter M.D. (M. D. or other)
Address Stockton Mo. Date signed 3-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
District File Number 2-48-2
Date Filed 3-12-48

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 Donald R Church, Registered Apprentice No. 59, working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.