

FILED DEC 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41064

Registration District No. 278

Primary Registration District No. 4413

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Frankford
(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 Life institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE TURNER ALLS

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

4. Sex M 2 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Alls 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. 2 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Frankford Mo - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

12. Name Heran Alls

13. Birthplace unbrow 9
(City, town, or county) (State or foreign country)

14. Maiden name Maria Speers

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

16. (a) Informant Thelie Speers Alls

(b) Address Frankford, Mo.

17. (a) Burial (b) Date thereof Dec 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Mo.

18. (a) Signature of funeral director Fielding Fox

(b) Address Frankford, Mo.

19. (a) Dec 20 48 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Frankford
(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 Dec day 20
year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 28
1948 to Dec. 18 1948
that I last saw him alive on Dec. 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Failure Duration

Due to stroke

Due to Diabetes

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations U

Of autopsy U 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) (e) Means of injury 2

23. Signature E. P. Hansen (M. D. or other) MD

Address Frankford, Mo. Date signed Dec 19 48

APR 1 1948

RECEIVED

District Health Officer No. 10

District File Number 12-48-2213

Date Filed DEC 30 1948

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 John Fields Megaw

Licensed Embalmer No. 4093

P. O. Address Frankford, 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.