

REC'D MAY 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14345
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 175
(b) Township Salisbury Primary Registration District No. 5-243 Registered No. 17
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Romney Smith C. Allen
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF na David Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Christian Carlstedt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Mary Klink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Nat Allen

(ADDRESS) Keokuk

18. BURIAL, CREMATION, OR REMOVAL

PLACE Prairie Valley DATE May 1, 1938

19. FUNERAL DIRECTOR Geo. B. Winkelmayer

(ADDRESS) Salisbury Mo.

20. FILED 5/5 1938 W. H. Kuntz Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938, to April 29, 1938

I last saw him alive on April 24, 1938 Death is said to have occurred on the date stated above, at 10:30 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 4-2-38

Other contributory causes of importance:

Rems Cordis Vasculan Disease 1937

Name of operation none Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) W. H. Kuntz, M. D.

(Address) Keokuk Mo.

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STATEMENT BY LICENSED EMBALMER

Geo Blunkemeyer

Licensed Embalmer No. 2125

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Geo Blunkemeyer*

Licensed Embalmer No. 2125

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.)