

LEA. JAN 17 1938

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

42253

Do not use this space.

1. PLACE OF DEATH

(a) County

Bates

Registration District No.

53

(b) Township

Rich Hill Missouri

Primary Registration District No.

3005

Registered No.

407

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(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

William Henry Allen, M.D.

(a) Residence, No.

Olive Str. Rich Hill Mo.

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Agnes Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 1, 1848

7. AGE

YEARS

90

MONTHS

7

DAY

3

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

Doctor Medicine

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)

Dec. 1/38

11. Total time (years)

spent in this occupation

Frankdale, Ky.

FATHER

MOTHER

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

13. NAME

Richard Allen

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

Kentucky

15. MAIDEN NAME

Janet Campbell

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

Md.

17. INFORMANT

(ADDRESS)

Mrs. W H Allen

Rich Hill Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Greenlawn, Cem.

DATE

Dec. 11/38

19. FUNERAL DIRECTOR

(ADDRESS)

Booth

Rich Hill Missouri

20. FILED

Dec. 9

1938

Chapman

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

Dec. 8/38

19

22. I HEREBY CERTIFY That I attended deceased from

Dec 5th, 1938, to Dec 8th, 1938

I last saw him alive on Dec 8, 1938 Death is said

to have occurred on the date stated above, at 9:30 p.m.

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

Hypertensive Pneumonia

Date of onset

Dec 6-38

Other contributory causes of importance:

Myocarditis

1938

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide? Date of injury

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?

If so, specify

(Signed)

Wm H Allen Jr., M.D.

(Address)

51

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 1 X12004

RECEIVED
District Health Officer No. 7,
District File Number 1-39-117
Date Filed 1-12-39

STATEMENT BY LICENSED EMBALMER

I, John I. Underwood, Licensed Embalmer No. 3585
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John I. Underwood
Licensed Embalmer No. 3585

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.)