

1939 APR 21 1939

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

11138  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Gasconade Registration District No. 411  
 (b) Township Gasconade Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. 2437 MANITOU St. \_\_\_\_\_  
 (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. \_\_\_\_\_ (f) How long in U. S., if of foreign birth? yrs. mos. da. \_\_\_\_\_

2. PRINT FULL NAME Major Charles Allen  
 (a) Residence, No. 2437 Manitou (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1882

7. AGE YEARS 56 MONTHS 4 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. showman  
 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) Philadelphia Pa.

FATHER  
 13. NAME Charles Allen  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

MOTHER  
 15. MAIDEN NAME Lidia unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT MRS Zonia Allen  
 (ADDRESS) 2437 MANITOU

18. BURIAL, CREMATION, OR REMOVAL PLACE Bank View DATE 3-7-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. ...  
212 Joseph St. Joseph Mo

20. FILED 3-4-39 Local Registrar. Ed J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-2-39 to 2-2-39

I last saw him alive on Feb. 2-1939. Death is said to have occurred on the date stated above, at 2:00 p.m. 3/2/39

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

Heart Beach Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no  
 If so, specify \_\_\_\_\_

(Signed) A. St. Winchester, Coroner, M. D.  
 (Address) Josephine, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-832

Date Filed APR 12 1939

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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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address 1234 5th St

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, above space should be left blank.