

JUN 20 1939

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

18348
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 176
(b) Township Cunningham Primary Registration District No. 4105
(c) City Sumner (d) Street No. _____ 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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isaac J. Allen

(a) Residence, No. Sumner 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clair Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 3, 1856</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>2</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Boone Co Ind</u>
	13. NAME	<u>Robert Allen</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ky</u>
	15. MAIDEN NAME	<u>Angelina Powell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown</u>
	17. INFORMANT (ADDRESS)	<u>Mrs Isaac Allen Sumner Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Powell Cemetery</u> DATE <u>5/23</u> 19 <u>39</u>
	19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>S.L. Leopard Menton Mo.</u>
	20. FILED	<u>May 27, 1939 Mrs Cyd Stevan</u> Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 38 to May 21, 1939
I last saw him alive on May 20, 1939. Death is said to have occurred on the date stated above, at 1.30 P.M.
The principal cause of death and related causes of importance were as follows:
Cardiovascular insufficiency with general anasarca Date of onset 1938

Other contributory causes of importance:
Renal insufficiency from prostatic disease

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....., 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) J.H. Hardy, M. D.
(Address) Sumner 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. 8,
District File Number
6/8/39
Date Filed

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..... *S. L. Shepard*

Licensed Embalmer No. 6970

P. O. Address Mendon 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, above space should be left blank.