

FILED JUN 6 1940

Registration District No. 73

Primary Registration District No. 3006

State File No.

Registrar's No.

99

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NO 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

8. (a) PRINT FULL NAME James Thomas Allen 450

8. (b) If veteran, name war NO 8. (c) Social Security No. NO

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife MARTHA ALLEN 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased MAY 24 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER Retired

11. Industry or business FORMER

12. Name MAT C. ALLEN

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

14. Maiden name Julia Ann Wigginton

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

16. (a) Informant T. B. Allen

(b) Address RS Columbia Mo

17. (a) Burial (b) Date thereof May 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director R. Quirey

(b) Address Columbia

19. (a) 5/8/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 208 S 8th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6th
year 1940 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from April 18
1940, to May 6, 1940
that I last saw him alive on May 6
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia Hypostatic 3 da
Pulmonary edema 1 da

Due to Chronic myocarditis ?

Due to Arteriosclerosis & Hypertension ?

Other conditions Chronic nephritis 3
(Include pregnancy within 3 months of death)

Major findings: none 131

Of operations none

Of autopsy none

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Frank E. Dehman (M. D. or other)

Address Columbia Mo Date signed 5-8-40

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.