

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21400

State File No.

Registrar's No.

FILED JUL 12 1940

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution South East Missouri Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days (Specify whether
 In this community _____
 years, months or days)

8. (a) PRINT
FULL NAMEEmily M. Allen

8. (b) If veteran,
-
- name war.

8. (c) Social Security
-
- No.

4. Sex
- Female
5. Color or
-
- race
- White

6. (a) Single, widowed, married,
-
- divorced
- Married

6. (b) Name of husband or wife
- W. D. Allen
6. (c) Age of husband or wife if
-
- alive
- 70
- years

7. Birth date of deceased
- Feb. 3 1856
-
- (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

8442

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name
- John Crofer

18. Birthplace
- Cape Girardeau Co. Mo.
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Unknown

15. Birthplace
- Unknown
-
- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Norman Reynolds

- (b) Address
- Marble Hill, Mo.

17. (a)
- Burial
- (b) Date thereof
- 7-8-40
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Haven Chapel

18. (a) Signature of funeral director
- Robert Funeral Ho

- (b) Address
- Lutesville, Mo.

19. (a)
- 6-5-40
- (b)
- J. M. Thompson
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Cape Girardeau
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL.")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- June
- day
- 5th
-
- year
- 1940
- hour
- 2:00
- minute
- 35 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
-
- that I last saw h. _____ alive on _____, 19____;
-
- and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

23. Signature
- D. B. E. Good
- (M. D. or other)
-
- Address
- Cape Girardeau, Mo.
- Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.