No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25368

State File No.

Registration District No. 400 Primary Registration District No. 55533 Registrar's No. 145

1. PLACE OF DEATH:

(a) County Jackson

(b) ~~City or town~~ Prairie Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home for the aged 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Greenwood

(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.

3. (a) PRINT FULL NAME Anna Allen 450

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Dave Allen

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 5 (Month) 16 (Day) 1867 (Year)

8. AGE: Years 73 Months 2 Days 1 If less than one day hr. min.

9. Birthplace McFall (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name William Dilley 1
13. Birthplace Unknown (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Phoebe Rice
15. Birthplace Unknown (City, town, or county) Ind (State or foreign country) 1

16. (a) Informant W. F. McCarthy M.D.

(b) Address Little Blue, Mo

17. (a) ~~McFall~~ Burial (Burial, cremation, or removal) (b) Date thereof 7-18-40 (Month) (Day) (Year)

(c) Place: burial or cremation McFall, Mo

18. (a) Signature of funeral director N. B. Langsford

(b) Address Lee's Summit Mo.

19. (a) 7-18-40 (Date received by registrar) (b) Sara G. Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1940 hour 3 minute 59 a. M.

21. I hereby certify that I attended the deceased from July 10-40, 19 , to July 17, 1940 that I last saw him alive on July 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	?
Due to 48	
Due to	
Other conditions Carcinoma of Uterus (Include pregnancy within 3 months of death)	2 yr.

Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place)

While at work? (Means of injury)

Signature W. F. McCarthy M.D. (M. D. or other) 1

Address Little Blue, Mo. Date signed July 16-40

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

Signed _____

Licensed Embalmer No. 3833

P. O. Address Lee's Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.