

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26557

State File No. _____

Registration District No. X 8 7 Primary Registration District No. 6182 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Washington Union
 (b) City or town Old Mines
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Wash
 (c) City or town _____
 (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.

8. (a) PRINT FULL NAME Paul P Allen 450

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 8 1890
 (Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Old Mines Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer 5

12. Name James Allen 5

13. Birthplace Ireland (State or foreign country)

14. Maiden name Bridget Sloan

15. Birthplace Ireland (State or foreign country)

16. (a) Informant Paul Allen
 (b) Address Old Mines Mo

17. (a) _____ (b) Date thereof July 9 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Mines Mo

18. (a) Signature of funeral director P. J. ...
 (b) Address Polos Mo

19. (a) July 30 40 (b) P. J. ...
 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 1940
 year _____ hour _____ minute 1:25 A.M.

21. I hereby certify that I attended the deceased from:
July 28, 1940 to July 28, 1940;
 that I last saw h. did not _____, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Died before I arrived with what was undoubtedly a coronary thrombosis
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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?
NO
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature H. H. ... (M. D. or other) _____
 *Address Polos Mo Date signed 8/5/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.