

STANDARD CERTIFICATE OF DEATH

State File No. **29280**

Registration District No. **651**

Primary Registration District No. **4388**

Registrar's No. **80**

1. PLACE OF DEATH:

(a) County Dummeck  
 (b) City or town Caruthersville, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
709 Highland Avenue  
 (If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 74 years  
 years, months or days (Specify whether \_\_\_\_\_)

8. (a) PRINT FULL NAME Alice Ruth Allen

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased March 28, 1858  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 5 If less than one day \_\_\_\_\_  
 be \_\_\_\_\_ min.

9. Birthplace Jonestown, Pa.  
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Samuel Beam

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

14. Maiden name Mary Christian

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

16. (a) Informant's own signature Bertie May

(b) Address Caruthersville, Mo.

17. (a) Removal (b) Date thereof 8/14/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wearlean, Mo.

18. (a) Signature of funeral director A. S. Ferguson, Co.

(b) Address Caruthersville, Mo.

19. (a) Aug. 19, 1940 (b) Ada Martin  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dummeck  
 (c) City or town Caruthersville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 709 Highland Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3  
 year 1940 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan  
 \_\_\_\_\_, 1938, to Aug-3, 1940  
 that I last saw her alive on Aug. 31, 1940:  
 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Pneumonia  
and Cardiac Asthenia

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 92/13  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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?  
5015 (Specify type of place)  
 While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature A. B. Linn (M. D. or other) \_\_\_\_\_  
 Address Caruthersville, Mo. Date signed 8/14

Duration \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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.

9-40-26

---

---

**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 J. S. Schuman

Licensed Embalmer No. 4086

P. O. Address Cauthersville, 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.**