

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

29826
Do not use this space.

1. PLACE OF DEATH
 (a) County Scott Registration District No. 870
 (b) Township Sylvania Primary Registration District No. 6069
 (c) City — (d) Street No. — St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Allen
 (a) Residence, No. Oran mo 197 St. 7
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-15-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 5MO 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Hill Mo

FATHER
 13. NAME John Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

MOTHER
 15. MAIDEN NAME —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) Mr James E. Hutton

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Bailey Cemetery 8/12 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. D. Gresser Co Oran Mo

20. FILED 9-4 1940 W. S. Schuman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/12 1940

22. I HEREBY CERTIFY, That I attended deceased from 8/5 1940 to 8/12 1940
 I last saw him alive on 8/5 1940 Death is said to have occurred on the date stated above, at 7a m.
 The principal cause of death and related causes of importance were as follows:

chronic Endocarditis Date of onset ?

Other contributory causes of importance: 92W

Name of operation — Date of —
 What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? — Date of injury —
 Where did injury occur? — (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury —
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify —
 (Signed) J. A. Allen M. D.
Oran mo (Address)

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.

RECEIVED

District Health Officer No

District File Number 940-1

Date Filed 9/6/40

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 Harvey J. Johnson

Licensed Embalmer No. 3704

P. O. Address Seventon, 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.