

No. 2  
11-10-39  
5-17-39  
I X21492

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36636

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:  
State Hosp. #3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 m 21 days  
(Specify whether in hospital or institution)

In this community unknown  
years, months or days

8. (a) PRINT FULL NAME John A. Allen

8. (b) If veteran, name war unknown

8. (c) Social Security No. none

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 5 14 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 | 5 | 15 | \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Henry Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wm M. Allen

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

14. Maiden name Julia M. Allen

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

16. (a) Informant Nap #3 Records

(b) Address noville mo

17. (a) Burial (b) Date thereof 10 30 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Huston Turner

(b) Address Windsor, Mo

19. (a) Oct 29 1940 (b) Allen W. Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Windsor  
(If outside city or town limits, write "RURAL")

(d) Street No. none  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29  
year 1940 2 hour \_\_\_\_\_ minute 0 M.

21. I hereby certify that I attended the deceased from 6-9, 1940, to 10-29, 1940  
that I last saw him alive on 10-29, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic myocarditis with General Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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?  
7015  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. C. Chouly (M. D. or other) \_\_\_\_\_  
Address State Hosp #13 Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1549

Date Filed 11-6-40

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

*E. M. Huston*

Licensed Embalmer No. 3391

P. O. Address Wimber, 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.