

FILED FEB 14 1941

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

2088  
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 120  
 (b) Township                      Primary Registration District No. 3009  
 (c) City                      or                      (d) Street No. 60 N Henderson Registered No. 16  
 (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 William D. Allen

(a) Residence, No. Marble Hill Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 7 5

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

12. BIRTHPLACE (CITY OR TOWN) Glen Allen Mo  
 (STATE OR COUNTRY)

FATHER 13. NAME Daniel Jackson Allen

14. BIRTHPLACE (CITY OR TOWN) Coffee Co. Tenn  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Emeline Shurm

16. BIRTHPLACE (CITY OR TOWN) Bollinger County Mo  
 (STATE OR COUNTRY)

17. INFORMANT Mrs Lola Molay  
 (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL Marble Hill Mo  
 PLACE Hawn's Chapel DATE Jan 12 1941

19. FUNERAL DIRECTOR (NAME) Brinkopf Howell  
 (ADDRESS) Cape Girardeau Mo

20. FILED 1-12 19 41 J. S. Thompson  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1940, to Jan 11, 1941

I last saw him alive on Jan 11, 1941. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Chr Myocardites  
Aneurysm Fibrosation

Date of onset

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19

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?  
 If so, specify

(Signed) D. B. Elrod M. D.  
 (Address) Cape Girardeau Mo  
Jan 11 1941

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.

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**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.**