

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2548

Registration District No. 314

Primary Registration District No. 4190

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Starberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 57 years (Specify whether years, months or days)
1884-4-16

3. (a) PRINT FULL NAME George Washington Allen

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

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

6. (b) Name of husband or wife Alena Hannah Allen 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 11 18 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Summerset 1 Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Stock raising

12. Name Christopher Harris Allen 18. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Jane Jasper 15. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Alena Hannah Allen

(b) Address Starberry Missouri

17. (a) Burial (b) Date thereof 1-5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highbridge

18. (a) Signature of funeral director W. E. Johnson
(b) Address Starberry Mo
19. (a) 1-3- (b) 4-5-1941
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Starberry 3
(If outside city or town limits, write "RURAL")
(d) Street No. 116 Alanthia Ave. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1941 hour 2:30 minute 6 M.

21. I hereby certify that I attended the deceased from Dec 28 1940, to Jan 2 1941
that I last saw him alive on Jan 1 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage

Due to Chr. Interstitial Nephritis
Hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death 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?
286 While at work? (Specify type of place)
(e) Means of injury _____

23. Signature St. Simpson (M. D. or other) MD
Address Starberry Mo Date signed 1-3-41

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~~.....

J. Evan Johnson....., Registered Apprentice No.
working under my personal supervision.

Signed.....

J. Evan Johnson

Licensed Embalmer No. *3492*

P. O. Address *Stanberry 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.