No. 2
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5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1941

Registration District No. 477

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3221

Primary Registration District No. 4289

Registrar's No. 80 1

56
2
0

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

1. PLACE OF DEATH:

(a) County Lewis

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town La Grange 2
(If outside city or town limits write "RURAL") 0

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Elizabeth Allen

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Allen

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 14th. 1872
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Monroe County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Benjamie Collman
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Hickman
(b) Address La Grange, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/41
(Month) (Day) (Year)
(c) Place: burial or cremation La Grange, Mo.

18. (a) Signature of funeral director [signature]
(b) Address La Grange, Mo.

19. (a) Jan. 10 1941 (Date received local registrar) (b) P. W. Jennings M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANY day 6
year 1941 hour 4 minute 10 P M.

21. I hereby certify that I attended the deceased from JANY 1, 1941, 19 to JANY 6, 1941
that I last saw her alive on JANY 6, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death STRANGULATED UMBILICAL HERNIA	35 YRS HERNIA
Due to	
Due to REFUSED OPERATION	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature W. L. Allen M.D. (M. D. or other) 0
Address La Grange Mo Date signed 1/8/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-41-269
Date Filed FEB 13 1941

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 A.A.Roberts, Registered Apprentice No. _____, working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, 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.

No. 2B
2-21-40
I X22659

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. 3227

Registration District No. 477 Primary Registration District No. 4289 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town La Grange

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Elizabeth Allen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Col

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased Feb 14 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
60	10	22	

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) April 9, 1941 (Date received local registrar) (b) G. W. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature N. C. Ellery (M. D. or other)

Address La Grange Date signed