

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6190**

ED MAK 15 1941

Registration District No. **50**

Primary Registration District No. **3004**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Bates**  
(b) City or town **Butler**  
(c) Name of hospital or institution: **Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME **JACOB D. ALLEN**

8. (b) If veteran, name war **L** 8. (c) Social Security No. **L**

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **Sept 12 1859**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **4** Days **25** If less than one day hr. min.

9. Birthplace **Franklin Co Ky.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business

MOTHER FATHER { 12. Name **R. H. Allen**  
13. Birthplace **Maryland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Edna Campbell**  
15. Birthplace **New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **R. D. Allen**  
(b) Address **Butler Mo**  
17. (a) **burial** (b) Date thereof **Feb 7, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Our Hill**  
18. (a) Signature of funeral director **C. L. Allen**  
(b) Address **Butler Mo 53**  
19. (a) **Feb 14** (b) **Mrs. L. Allen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Bates**  
(c) City or town **Butler**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **611 West Ft. Scott**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **6**  
year **1941** hour **2:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **Jan 1 1940** to **Feb 6 1941**  
that I last saw him alive on **Feb 5** and that death occurred on the date and hour stated above.  
Immediate cause of death **Coronary Thrombosis**

Due to **Coronary Thrombosis**

Due to **Coronary Thrombosis**

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?

While at work (Specify type of place) (c) Means of injury

23. Signature **C. L. Allen** (M. D. or other)  
Address **Butler Mo** Date signed **Feb 7, 1941**

RECEIVED

District Health Officer No. 7,

District File Number 3-41-553

Date Filed 3-17-41

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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, only

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*R. Stanton Lisle*

Licensed Embalmer No.

4123

P. O. Address

Butler, 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.