

ED MAR 19 1941

Registration District No. 50

Primary Registration District No. 30045089

Registrar's No. 17

1. PLACE OF DEATH

(a) County Bates
(b) City or town Rural, Shawnee Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
James R. F. D.
(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)

8. (a) PRINT FULL NAME James F. Allen

8. (b) If veteran _____ 8. (c) Social Security
name war. 0343734 No. 3734

4. Sex Male 5. Color of _____ 6. (a) Single, widowed, married,
race White divorced Widowed

6. (b) Name of husband or wife Mrs. J. F. Shannon Allen 8. (c) Age of husband or wife if
alive Dead years

7. Birth date of deceased May 27 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 27 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Walker Allen
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Adams
15. Birthplace Cooper Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earlene Ellis

(b) Address Butler, Mo.

17. (a) Burial (b) Date thereof Feb. 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem.

18. (a) Signature of funeral director Butler, Mo.

(b) Address Butler, Mo.
19. (a) 2/27/41 (b) James F. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. Shawnee Twp
(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 24
year 1941 hour 11 minute 10 a.m.

21. I hereby certify that I attended the deceased from Feb 24th to Feb 24th 1941
that I last saw him alive on Feb 24th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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?

53 While at work? (Specify type of place) _____
Means of injury _____
23. Signature D. D. Le Hur (M. D. or other) MD
Address Butler, Mo Date signed 2/29/41

RECEIVED

District Health Officer No. 7,

District File Number 3-41-560

Date Filed 3-17-41

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

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

Signed

R. Linton 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.