

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6865

State File No.

Registrar's No. 12

Registration District No. 154299

Primary Registration District No. 5407

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Cotton Hill
(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 Life
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME

Wanda Fay ALLEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced ()
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive years (Day) (Year)
7. Birth date of deceased Feb. 7th. 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 0 4 _____ hr. _____ min.

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

10. Usual occupation Baby

11. Industry or business

MOTHER FATHER { 12. Name S.D. Allen
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Alma Knight
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Father S.D. Allen
(b) Address Malden Mo.

17. (a) Burial (b) Date thereof 2-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lynnwood Cem.

18. (a) Signature of funeral director Lander Funeral Home

(b) Address Campbell Mo.

19. (a) 2-12-1946 (b) B. Mitchell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Malden "Rural"
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 8, 1941 to Feb 11, 1941, that I last saw her alive on Feb 10, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to Congn. Cold

Due to 107
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

23. Signature Frederick C. Catlett (Specify type of place) (e) Means of injury _____
Address Malden Date signed 3/14/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 2,

District File Number 341-358

Date Filed 3/11/41

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 no

....., 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, fact should be so stated above.