

REC MAR 19 1944 77
Registration District No. _____

Primary Registration District No. 4291

1. PLACE OF DEATH:

(a) County LEWIS
(b) City or town MONTICELLO
(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 life years, months or days

3. (a) PRINT FULL NAME MARY BELL 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 Widowed
6. (b) Name of husband or wife William Allen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 12 1876 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER
12. Name George Breeding
13. Birthplace Boston, Mass (City, town, or county) (State or foreign country)
14. Maiden name Laurie Cochran
15. Birthplace Benton, Ky. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Breeding
(b) Address Monticello, Mo

17. (a) Burial (b) Date thereof Jan 29 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monticello, Mo

18. (a) Signature of funeral director James A. ...
(b) Address Lewistown, Mo

19. (a) Feb 1, 1941 (b) P. W. Jennings M. D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS
(c) City or town Monticello (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28 year 1941 hour 2:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 14, 1940 to Jan 28, 1941; that I last saw her alive on Jan 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation Duration 20 yrs.

Due to _____
Due to W. P.

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature P. W. Jennings (M. D. or other) M. D.
Address Clinton, Mo. Date signed 2-1-41

PHYSICIAN
Underline the cause to which death should be charged statistically

WHILE FILLING IN THIS FORM USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X 3511

RECEIVED

District Health Officer No. 10

District File Number ^{3-4/553} MAR 10 1941

Date Filed

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.....

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, above space should be left blank.