

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7942

FILED MAR 19 1941  
Registration District No. 35

Primary Registration District No. 3634

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 419 So. 4th St  
(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 Bertha Ann Creson Allen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or race Female White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rupert Allen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 11th 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 1 7 hr. min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Stephen Wm Creson

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

14. Maiden name Susan Elizabeth Cobb

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

16. (a) Informant Mrs. M. F. Beach

(b) Address Moberly

17. (a) Burial (b) Date thereof Feb 20 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Feb 20 41 (b) Seah Shults  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 419 So. 4th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th  
year 1941 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Feb 18 1941  
that I last saw him alive on Feb 18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cronary Thrombosis

Due to Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions 94 in  
(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? 925  
(Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature M. A. Moberly (M. D. or \_\_\_\_\_)

Address Moberly Mo Date signed Feb 19 41

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-567

Date Filed MAR 10 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.....

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

Signed Frank B D Hutt

Licensed Embalmer No. 3021

P. O. Address Proberly 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, fact should be so stated above.