FILED APR 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 12211

Registration District No. 814 — Primary Registration District No. 4490 — Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Benton
(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 —
In this community 61 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Benton
(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

3. (a) PRINT FULL NAME Reece Glenn Ahlen
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ina Mae Bryeans Ahlen
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Sep (Month) 21 (Day) 1879 (Year)

8. AGE: Years 61 | Months 5 | Days 11 | If less than one day — hr. — min.

9. Birthplace Benton (City, town, or county) Mo (State or foreign country)
10. Usual occupation Post Master
11. Industry or business —

MOTHER / FATHER
12. Name Ben F Ahlen
13. Birthplace V (City, town, or county) (State or foreign country)
14. Maiden name Hattie R Brock
15. Birthplace Scott Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs R C Allen
(b) Address Benton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Benton Mo
18. (a) Signature of funeral director Bisplinghoff-Hobbard
(b) Address Chaffee Mo
19. (a) 5-5-41 (Date received local registrar) (b) Lyman Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2
year 1941 hour 10 minute 30 a. M.
21. I hereby certify that I attended the deceased from 2/25, 1941, to 3/2, 1941
that I last saw her alive on 2/28, 1941
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | ? |
| Due to: — | |
| Due to: — | |
| 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) (e) Means of injury —
23. Signature J A Clise (M. D. or other)
Address Doran Mo Date signed 3/3/41

(Licensed Embalmer's Statement on Reverse Side)

JUN 27 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 Minnie Kopplemoff

Licensed Embalmer No. 3242

P. O. Address Chaffee Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

S. No. 2B
0—4-25-40
I X27452

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Benton (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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Reece Glenn Allen
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name Ben F Allen
13. Birthplace Scott County (City, town, or county) Mo (State or foreign country)
14. MOTHER Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) - (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 3-5-41 (Date received local registrar) (b) Lyman Fouts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Due to | |
| Due to | |
| 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. L. Cline (M. D. or other)
Address Oran Mo Date signed

SUPPLEMENTARY

S-12211