

No. 2  
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17-39  
X23159

MAY 12 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14669**

Registration District No. **334**

Primary Registration District No. **5465**

Registrar's No. **28**

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Rural Bethany Twp  
(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 all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gerald Dean Allen

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 Single

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

7. Birth date of deceased Oct 20 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

5 2 4 hr. min.

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

10. Usual occupation at home

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

MOTHER FATHER

12. Name Raymond Allen

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

14. Maiden name Valeria Hogan

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

16. (a) Informant Raymond Allen

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof April 15 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Joe E. Winkler

(b) Address Bethany Mo

19. (a) 4/16/41 (b) A. P. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Bethany Twp  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1941 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 12 to April 12, 1941;  
that I last saw him alive on April 12, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobes both lungs.

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

Due to 194

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? \_\_\_\_\_

302 (Specify type of place) \_\_\_\_\_

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

23. Signature C. M. Pugh (M. Doctor) 2

Address Bethany Date signed April 15-41

**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 <sup>not</sup>.....

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

Signed.....

*Joe E. Wheeler*

Licensed Embalmer No. 3512

P. O. Address. Bethany Md

**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.**