No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15052

Registration District No. 486 Primary Registration District No. 5650 Registrar's No. 13

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

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Rural — Burr Oak Twshp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1½ miles west of Foley, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community died at residence (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1½ miles west of Foley, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ? 400 years.

3. (a) PRINT FULL NAME Elizabeth Ann Allen
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife James H. Allen
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased August (Month) 17 (Day) 1862 (Year)

8. AGE: Years 78 Months 7 Days 30 If less than one day ...hr. ...min.

9. Birthplace Blackburn (City, town, or county) England (State or foreign country)
10. Usual occupation —
11. Industry or business

FATHER
12. Name Joseph Abbott
13. Birthplace ? (City, town or county) England-? (State or foreign country)

MOTHER
14. Maiden name Matilda Abbott
15. Birthplace ? (City, town, or county) England-? (State or foreign country)

16. (a) Informant Mrs. Obie Meadows
(b) Address Foley, Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation Corinth Cem. — Foley, Mo.
18. (a) Signature of funeral director O'Gulan Rick
(b) Address Winfield, Mo.
19. (a) April 17 41 (Date received local registrar) (b) C. W. Pannee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1941 hour 10 minute 10 a.M.
21. I hereby certify that I attended the deceased from 4-14, 1941, to 4-16, 1941, that I last saw her alive on April 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arterial Sclerosis
Due to old age
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. ~~or other~~)
Address Old Monroe Date signed 4/17

(Licensed Embalmer's Statement on Reverse Side)

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..... Gordon Rucker

Licensed Embalmer No. 4012

P. O. Address Winfield, Mo

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

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