

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19321

State File No.

Registration District No. 890

Primary Registration District No. 6188

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Piedmont Mo Rt 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Francis Hosp
(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 ANNA ELAINE ALLEN

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Inf. O
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 21 - 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hrs min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Edgar Allen
13. Birthplace Wayne Co O Mo
(City, town, or county) (State or foreign country)
14. Maiden name Cabrie Raiman
15. Birthplace Wayne Co O Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Janet Allen
(b) Address Piedmont Mo Rt 1
17. (a) Burial (b) Date thereof May 21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty
18. (a) Signature of funeral director Janet Allen
(b) Address Piedmont Mo Rt 1
19. (a) 5-21-1941 (b) Mabel Beasley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne
(c) City or town Piedmont #1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1941 hour 6 a m minute _____ M.
21. I hereby certify that I attended the deceased from Piedmont Mo
5/21/41 19____ to _____ 19____;
that I last saw him alive on 5/21/41 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death atelectasis Duration _____

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. J. Pliner M D (M. D. or other) O
Address Piedmont Mo Date signed 5/21/41

(Licensed Embalmer's Statement on Reverse Side)

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

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, fact should be so stated above.