

Registration District No. 314

Primary Registration District No. 4190

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Genney
(b) City or town Stanhurst
(c) Name of hospital or institution: (If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years. (Specify whether years, months or days)
In this community 40 years.

3. (a) PRINT FULL NAME

3. (b) If veteran, name war ✓ 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Sumner Allen 6. (c) Age of husband or wife 70 years

7. Birth date of deceased Feb 15 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 22 If less than one day ✓ hr. ✓ min.

9. Birthplace Harrison CO MO (City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business farmer

12. Name Donald Allen

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

14. Maiden name Emily Smith

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

16. (a) Informant Mary H. Allen

(b) Address Stanhurst

17. (a) burial (b) Date thereof 7/7/44
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Stanhurst MO

18. (a) Signature of funeral director Stanhurst

(b) Address Stanhurst

19. (a) 7/7/44 (b) 6 of 2
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Genney
(c) City or town Stanhurst
(If outside city or town limits, write "RURAL")
(d) Street No. 71 (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1944 hour 1:45 minute ✓ A. M.

21. I hereby certify that I attended the deceased from July 4, 1944, to July 7, 1944, that I last saw him alive on July 6, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Chr. Endocarditis

Due to Chr. Endocarditis

Due to Chr. Endocarditis

Other conditions g.i.
(Include pregnancy within 3 months of death)

Major findings: Of operations g.i.

Of autopsy g.i.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) g.i.

(b) Date of occurrence g.i.

(c) Where did injury occur? g.i. (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) (e) Means of injury g.i.

23. Signature S. E. Simpson (M. D. or other) D

Address Stanhurst Date signed 7-10-44

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.