

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31453

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 52

1. PLACE OF DEATH:

- (a) County Deer
(b) City or town Salem, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 (Specify whether years, months or days)

8. (a) PRINT FULL NAME

John Monroe Allen

8. (b) If veteran,
- ✓
-
- name war
- ✓

8. (c) Social Security No.
- ✓

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary Ellen Allen 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July - 25 - 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 8 If less than one day
hr. min.

9. Birthplace Hammond, Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation
- Labo

11. Industry or business

- MOTHER FATHER { 12. Name Miles Allen
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Blanton
15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Allen
(b) Address Granite City, Ill.

17. (a) Burial (b) Date thereof 9 5-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kenner Cemetery, Hayden

18. (a) Signature of funeral director Robert Trautman
(b) Address Salem, Mo.

19. (a) 9-5-41 (b) September 6, 1941
(Date received local registrar) (Date of death)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Deer
(c) City or town Salem 33
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) If foreign born, how long in U. S. A. 6 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3
year 1941 hour 3 minute M

21. I hereby certify that I attended the deceased from 8-6 to 8-30, 1941
that I last saw him alive on 8-17-41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver ✓ prostateDue to prostateDue to prostateOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

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? 2 (Specify type of place) (e) Means of injury

23. Signature for Dr. John (M. D. or other) DO.
Address Salem, Mo. Date signed 9-5-41

RECEIVED

District Health Officer No. 5,

District File Number 0412011

Date Filed _____

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 _____

H. D. Hobson

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

H. D. Hobson

Licensed Embalmer No. _____

928

P. O. Address _____

Salem Ind.

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, above space should be left blank.

Not embalmed

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 31453Registration District No. 266Primary Registration District No. 4164

Registrar's No.

1. PLACE OF DEATH:

- (a) County West
(b) City or town Salem, Mo
(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
In this community _____
years, months or days)

3. (a) PRINT
FULL NAMEJohn M. 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 July 25 1885
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 5 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

- MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 9-5-71 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

- Due to prostate
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 sta-
tistically.

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) Years of injury _____

23. Signature Jas D. McLeod (or other Dr.)
Address Salem Mo Date signed _____

S-31453 1941