

DEPARTMENT OF COMMERCE

FILED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34213

State File No.

Registrar's No. 163

Registration District No. 26

Primary Registration District No. 5034

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rural Saltriver Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none / Mexico #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)
In this community 20 years

3. (a) PRINT FULL NAME Jacob E. Allen

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ida Briggs Allen 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May 7, 1875 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Ebihezera Allen
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Eliza Allen
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Chester Allen
(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/41 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Mexico Mo.

18. (a) Signature of funeral director Clara Amick

(b) Address Mexico, Mo.

19. (a) Sept 30-41 (Date received local registrar) (b) B. B. Neely (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1941 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from Sept 28 1941 to Sept 29 1941
that I last saw him alive on Sept 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma
Due to severe untreated diabetes
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) (a) Means of injury

23. Signature R. H. Thompson (b) W. E. Neely (c) W. E. Neely (d) W. E. Neely (e) W. E. Neely
Address W. E. Neely Date signed 9-30-41

23 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1921

Date Filed OCT 24 1941

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

W. Arnold

Licensed Embalmer No.

3569

P. O. Address

Mexico

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.