

FILED NOV 17 1941
Registration District No. 493

Primary Registration District No. 5619

State File No. _____
Registrar's No. 2

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town GASCONADE Mo. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Neto Tru. 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Always 1 years, months or days

3. (a) PRINT FULL NAME ELIZABETH JANE ALLEN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife MD ALLEN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DEC 21 1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 9 If less than one day hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name GAS. M. McGINNIS
13. Birthplace ILL 1 (City, town, or county) (State or foreign country)

14. Maiden name NANCY A BARNES
15. Birthplace LACLEDE CO MO (City, town, or county) (State or foreign country)

16. (a) Informant M. J. Allen
(b) Address Neto Tru.

17. (a) BURIAL (b) Date thereof OCT 31 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) OCT 31 1941 (b) W. M. Matthews (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town NEBO MO (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 29 year 1941 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 10-25, 1941, to 10-29, 1941
that I last saw HER alive on 10-29-41, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Critical Organotat.
Endocarditis

Due to Chronic nephritis

Other conditions Chronic liver
(Include pregnancy within 3 months of death)

Major findings: Of operations 131 b
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? _____ (Specify type of place) (e) Means of injury 1

23. Signature R. F. Gaston (M.D. or other) D.O.
Address Neto Tru. Date signed _____

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.....

Allyn D. Therage....., Registered Apprentice No. *294*
working under my personal supervision.

Signed.....

PO Palmer
Licensed Embalmer No. *1161*

P. O. Address *Lebanon*

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.