

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36409

FILLED NOV 10 1941
Registration District No. 890

Primary Registration District No. 6188

Registrar's No. 11

1. PLACE OF DEATH:

- (a) County WAYNE St Francis
(b) City or town EAST GREENVILLE
(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 _____ (Specify whether)
In this community LIFE
years, months or days)

3. (a) PRINT
FULL NAMEMARYLIN Sue ALLEN3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex F 1 5. Color or
race W. 6. (a) Single, widowed, married.
divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased OCTOBER 7 1941
(Month) (Day) (Year)

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

9. Birthplace WAYNE MO.
(City, town, or county) (State or foreign country)
10. Usual occupation Baby
11. Industry or business _____
12. Name ELMO ALLEN
13. Birthplace SILVA - MO
(City, town, or county) (State or foreign country)
14. Maiden name WYNNE SMITH
15. Birthplace JACKSON MO
(City, town, or county) (State or foreign country)

16. (a) Informant ELMO ALLEN
(b) Address GREENVILLE
17. (a) BURIAL (b) Date thereof OCT. 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BOUNDS CREEK
18. (a) Signature of funeral director National Funeral Home
(b) Address Greenville Mo.
19. (a) OCT-15-41 (b) Mabel Beasley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County WAYNE
(c) City or town GREENVILLE Greenville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural St. Francis Pk.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 13
year 1941 hour 6 minute A M.
21. I hereby certify that I attended the deceased from OCT 11
41 to OCT 11 - 41 1941
that I last saw him alive on OCT 11 - 41 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Broncho Pneumonia ✓ Duration 4 dy

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 101

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?

- (Specify type of place) (e) Means of injury _____
While at work _____
23. Signature Wm F Wagner (M. D. or other)
Address Greenville Mo. Date signed 9/14/41

(Licensed Embalmer's Statement on Reverse Side)

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

Not embalmed

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.