

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39713

FILED DEC 10 1941

State File No. _____

Registration District No. _____

Primary Registration District No. _____

43256154

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Metz
(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 _____
In this community 50 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Metz
(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 _____

3. (a) PRINT FULL NAME John F. Allen

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

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

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 5 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 23 Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name John P. Allen

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

14. Maiden name Isabelle Seawell

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

16. (a) Informant Con Allen
(b) Address Homer ville Mo.

17. (a) Burial (b) Date thereof Nov 30 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ball Town Cemetery

18. (a) Signature of funeral director Pond & Heasley

(b) Address Rich Hill Mo.

19. (a) 11/24/41 (b) Thelma Wilson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1941 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Mar. 29 1940 to Nov 28 1941
that I last saw him alive on June 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Decompensation with Edema.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95C

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) (b) Means of injury _____

23. Signature Thelma Wilson (M. D. or other) _____

Address Rich Hill, Mo. Date signed 11/29/41

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

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1982

Date Filed 12-8-41

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2730

P. O. Address Rich Hill Mo.

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.