S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1680

Registration District No. 85 — Primary Registration District No. 6201 — Registrar's No. 81

**1. PLACE OF DEATH:**

(a) County: Buchanan

(b) City or town: Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
903 North 12th St., Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: one month
In this community: Thirty-two years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Buchanan

(c) City or town: Saint Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 2821 Olive Street
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Mary Ann Allen

3. (b) If veteran, name war:

3. (c) Social Security No.: NONE

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Charles L. Allen

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: November (Month) 24 (Day) 1867 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 2 | 0 | hr. min. |

9. Birthplace: Ottawa (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: George Fischer,

(b) Address: 2821 Olive Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan. 26, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Princeton, Missouri

18. (a) Signature of funeral director: The ERSIDENEAVEN F. HOME

(b) Address: 602 South 10th Street

19. (a) Jan. 26, 1942 (Date received local registrar) A. Westbrook (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 24 day Jan
year 1942 hour 6:50 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 23, 1942 to Jan 24, 1942
that I last saw her alive on 1-23-42, 19___;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute myocarditis | 1 wk. |
| Due to: High blood pressure | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: 93a | |
| 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)

While at work? (e) Means of injury:

23. Signature: H. D. Kenny (M. D. or other) M.D.

Address: St Joseph Mo Date signed 1-24-42

(Licensed Embalmer's Statement on Reverse Side)

## 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 Mollie E. Sidenfaden

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.**