

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 12 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3094

State File No. \_\_\_\_\_

Registration District No. 657

Primary Registration District No. 4388

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville, Mo.  
(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 \_\_\_\_\_ (Specify whether)  
In this community 30 years  
years, months or days

3. (a) PRINT FULL NAME ROBERT E. ALLEN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sallie Lee Allen 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Aug. 24, 1879  
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Madison County, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer  
11. Industry or business Farm

MOTHER FATHER { 12. Name William Allen  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Rutherford  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Cleo Allen  
(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 1-22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director LaForge Und. Co.  
(b) Address Caruthersville, Mo.

19. (a) Jan. 26, 1942 (b) Cleo Martin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Tyler, Mo.  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21st  
year 1942 hour 12 minute 50 p.m.

21. I hereby certify that I attended the deceased from Jan 19 to Jan 21 1942  
that I last saw him alive on Jan 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza pneumonia Duration 10 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 33a  
(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) (e) Means of injury \_\_\_\_\_

23. Signature C. J. O'Brien (M. D. or other) Dr.  
Address Caruthersville Date signed 1/28/42

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

2-42-10

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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. 4086

P. O. Address

Cynthiana, 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.**