

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 344 East Arrow 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 all her life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 344 East Arrow  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Henry Allen

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wm. C. Allen 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased Aug. 23 1906  
(Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Edmund Lee Brown  
13. Birthplace Maine Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna E. Henry  
15. Birthplace Howard Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. C. Allen

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof June 12 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Widger Park Cemetery

18. (a) Signature of funeral director Charles E. Davis

(b) Address Marshall Mo

19. 1-12-42 (Date received local registrar) D. M. R. Kent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10  
year 1942 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from Sept. 20 19 41 to Jan. 10 19 42  
that I last saw her alive on Jan. 10 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Cavitation - Metastatic

Due to Radical right heart hypertrophy 1938

Due to Radical left heart hypertrophy July 1938

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

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 \_\_\_\_\_

23. Signature Edmund M. R. (M. D. or other)

Address Marshall Mo Date signed 1-12-42

JUL 18 1942

RECEIVED

District Health Officer, No. 8,

State of Maryland

27518-2-13-42

### 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

*W. Campbell*

Licensed Embalmer No. *3469*

P. O. Address *Marshall, 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.**