

FILED APR 19 1942

Registration District No. 289

Primary Registration District No. 4479

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Slater, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5-22 Armstrong
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline 97

(c) City or town Slater 2
(If outside city or town limits, write "RURAL")

(d) Street No. 5-22 Armstrong 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZA ALLEN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1942 hour 6 minute 30 A M.

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

21. I hereby certify that I attended the deceased from July 17 1942 to Mar. 8 1942
that I last saw her alive on March 8th 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race B 6. (a) Single, widowed, married, divorced, Married

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

7. Birth date of deceased March - 1 - 1875
(Month) (Day) (Year)

Immediate cause of death: Respiratory Paralysis
Chronic myocarditis

Due to Cerebral Hemorrhage Duration 7
37m

Due to _____ Duration _____

Other conditions (Include pregnancy within 3 months of death) None

8. AGE: Years 64 Months 0 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Louise Cook

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

16. (a) Informant Betha Allen Branch

(b) Address Slater mo

17. (a) Burial (b) Date thereof 3-12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater mo

18. (a) Signature of funeral director Harry Herschberger

(b) Address Marshall mo

19. (a) _____ (b) Mrs John Giger
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: None

Of operations _____

Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work _____ (Specify type of place) (e) Means of injury None

23. Signature Dr. E. Beckman (M. D. or other) MDP
Address Slater, Mo Date signed 3/10/42

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

97
2
1

MOTHER FATHER

1211

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-9-42

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

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Clinton 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.