

S. No. 2
M-9441
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14480**

Registration District No. **383**

Primary Registration District No. **5-5-34-1226** Registrar's No.

1. PLACE OF DEATH: **Howell**
 (a) County **Howell**
 (b) City or town **Mountain View Mo. JAIL**
 (c) Name of hospital or institution: **None**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.** (Specify whether)
 In this community **47 years.** (years, months or days)

2. USUAL RESIDENCE OF DECEASED: **46**
 (a) State **Mo** (b) County **Howell**
 (c) City or town **Mountain View Mo.** (If outside city or town limits, write "RURAL")
 (d) Street No. **Rural** (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Almeda Allen**
 3. (b) If veteran, name war **✓**
 3. (c) Social Security No. **✓**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **H. P. Allen** 6. (c) Age of husband or wife if alive **13 1878**
 7. Birth date of deceased **May 13 1878** (Month) (Day) (Year)

8. AGE: Years **63** Months **11** Days **-** If less than one day hr. min.

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

10. Usual occupation **House keeper**

11. Industry or business

MOTHER FATHER
 12. Name **John Salaman**
 13. Birthplace **1 Kentucky** (City, town or county) (State or foreign country)
 14. Maiden name **Jemima Gatto**
 15. Birthplace **1 Kentucky** (City, town or county) (State or foreign country)

16. (a) Informant **John Salaman**
 (b) Address **Mountain View Mo.**

17. (a) **Rural** (b) Date thereof **April 15-42** (Month) (Day) (Year)
 (c) Place: burial or cremation **Mountain View Mo.**

18. (a) Signature of funeral director **John Salaman**
 (b) Address **Mountain View Mo.**

19. (a) **April 27, 1942** (b) **Ruth Hunt** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13** year **1942** hour **9** minute **19** a.m.
 21. I hereby certify that I attended the deceased from **4-9-42** to **4-13-42**
 that I last saw her alive on **4-12-42** and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza x Pulmonary**

Due to **Infection**

Due to **3 ft**
 Other conditions **senility** (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

Duration
 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)
 (c) Signs of injury _____
 23. Signature **C.R. Ford** (M. D. or other) _____
 Address **Mountain View Mo** Date signed **4/27/42**

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

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

John J. Ahman

Licensed Embalmer No. 2516

P. O. Address Mt. View 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.