S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17631

JUN 19 1942

State File No.

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 152.

16 1 4

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

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 224 INDEPENDENCE ST 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 17 YEARS

2. USUAL RESIDENCE OF DECEASED: 16
(a) State MISSOURI (b) County CAPE 1
(c) City or town CAPE GIRARDEAU 4 (If outside city or town limits, write "RURAL")
(d) Street No. 224 INDEPENDENCE ST. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HENRY BIRCH ALLEN
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced 2 WIDOWED
6. (b) Name of ~~husband or~~ wife MARY ALLEN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAR (Month) 7 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
88	2	3	hr. min.

9. Birthplace OCHO (City, town, or county) ILL. 1 (State or foreign country)
10. Usual occupation RETIRED FARMER
11. Industry or business
FATHER
12. Name WILLIAM ALLEN
13. Birthplace N. Carolina 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LOUIS MATHIS
15. Birthplace N. Carolina 1 (City, town, or county) (State or foreign country)
16. (a) Informant W.S. Allen
(b) Address Cape Girardeau
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 13 1942 (Month) (Day) (Year)
(c) Place: burial or cremation GLADISH CEMETARY
18. (a) Signature of funeral director McLarkey
(b) Address Cape Girardeau Mo.
19. (a) 5/13-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10 year 1942 hour 1 minute 25 P.M.
21. I hereby certify that I attended the deceased from [illegible], 1942 to May 9, 1942
that I last saw h— alive on May 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

1318

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 [illegible] (M. D. ~~or other~~)
Address Cape Girardeau Date signed 5-12-42

1017

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 642 765
Date Filed 6-15-42

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 C. J. Loiberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, M

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.