

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22552

State File No. ....

Registrar's No. ....

FILED JUL 13 1942

Registration District No. 907

Primary Registration District No. 4548

## 1. PLACE OF DEATH:

(a) County WRIGHT  
(b) City or town MANSEFIELD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 3 yrs  
years, months or days)

3. (a) PRINT FULL NAME NOVELL ALLEN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife NAOMI E ALLEN 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased OCT 25 1848  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
93 7 11 hr. min.

9. Birthplace NOT KNOWN TENN  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name JOHN ALLEN  
13. Birthplace NOT KNOWN TENN  
(City, town, or county) (State or foreign country)  
14. Maiden name NANCY CARSON  
15. Birthplace NOT KNOWN TENN  
(City, town, or county) (State or foreign country)

16. (a) Informant John Allen(b) Address Macon St17. (a) BURIAL (b) Date thereof JUNE 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation OAK GROVE CEM.18. (a) Signature of funeral director Ed. Sliff(b) Address MANSEFIELD19. (a) June 6/1942 (b) S. L. Hensley  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT 114  
(c) City or town MANSEFIELD 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? .... (Yes or No)  
If yes, name country. .... 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 6  
year 1942 hour 2 minute 10 A M.

21. I hereby certify that I attended the deceased from Apr 15 1942 to June 6 1942  
that I last saw him alive on May 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Old age debility see page  
Duration

Due to 162 hr  
Due to

Other conditions 162 hr  
(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 J. Hensley (M. D. or other)  
Address Mansefield Mo Date signed June 6 42

(Licensed Emballer's Statement on Reverse Side)

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. 3221

P. O. Address: Mansfield 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.**