

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24431

FILED AUG 1 1942

Registration District No. 385

Primary Registration District No. 4228

State File No.

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Willow Springs. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Mary S. Allen.

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

4. Sex Female 5. Color or race W- 6. (a) Single, widowed, married, divorced M-

6. (b) Name of husband or wife Warren Allen. 6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased September 10th. 1851
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Philadelphia. PA.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Stewart.
13. Birthplace Ireland. Foreign
(City, town, or county) (State or foreign country)
14. Maiden name Ann Patterson.
15. Birthplace Ireland. Foreign
(City, town, or county) (State or foreign country)

16. (a) Informant Warren Allen.
(b) Address Willow Springs. Mo.

17. (a) City Cemetary (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary.

18. (a) Signature of funeral director Burns Funeral Home.

(b) Address Willow Springs. Mo.

19. (a) 6-11-42 (b) Nanette Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? Citizen years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1942. hour 4 AM minute _____ M.

21. I hereby certify that I attended the deceased from Sept - 21 - 1939 to June 10, 1942

that I last saw her alive on June 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration _____

Due to Renal Arteriosclerosis more

MEPHYLIS than

Due to Arteriosclerosis 3 yrs.

Other conditions _____
(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. S. Coffey, D.D.
Address Willow Springs Date signed 6/10/42

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

RECEIVED

District Health Officer No. 5,

District File Number 742436

Date Filed 7-27-42

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

Thomas R. Burns, Jr.

Licensed Embalmer No. #4214

P.O. Address Willow Springs, 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, above space should be left blank.