

FILED AUG 14 1942-7-180

Registration District No. **5645** Primary Registration District No. **2-00** Registrar's No. **63**

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

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Rural - Union Sup.
(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 40 Years
(Specify whether years, months or days)

In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

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

(d) Street No. West of La Grange, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kenneth Patton Allen

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

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

6. (b) Name of husband or wife Mertha Allen 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September 5th 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>24</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William K. Allen

13. Birthplace Louisburg N.C.
(City, town, or county) (State or foreign country)

14. Maiden name Sue Smith

15. Birthplace Union N.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mertha Allen
(b) Address La Grange, Missouri.

17. (a) Burial (b) Date thereof July 11th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Durham, Missouri.

18. (a) Signature of funeral director [Signature]
(b) Address La Grange, Missouri.

19. (a) 7/10/42 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1942 hour --- minute --- M.

21. I hereby certify that I attended the deceased from May 30
19 42 to July 9 19 42
that I last saw him alive on July 9 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Disease of the Heart.
Secondary Anemia

Duration ---

Other conditions ---
(Include pregnancy within 3 months of death)

Major findings: 9502
Of operations ---
Of autopsy ---

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 P. W. Jennings (M. D. or other) MD
Address La Grange, Mo. Date signed 7/10/42

RECEIVED

District Health Officer No. 10

District File Number 8-42-1585

Date Filed AUG 13 1942

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.....

A.A. Roberts

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, 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.