

FILED SEP 10 1942

Registration District No. 39

Primary Registration District No. 4093

Registrar's No. 121

1. PLACE OF DEATH

(a) County Cass  
(b) City or town East Lynne  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 years  
years, months or days

3. (a) PRINT FULL NAME Overton Campbell Allen

3. (b) If veteran, name/war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sadie Allen 6. (c) Age of husband or wife If alive 69 years  
7. Birth date of deceased Aug 4 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Eagleville, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Clerk

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Magimie Allen  
13. Birthplace Harrison Co, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura Cook  
15. Birthplace Harrison Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sadie Allen  
(b) Address East Lynne Mo  
17. (a) Burial (b) Date thereof Aug. 19-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director A. D. Natzler  
(b) Address East Lynne Mo  
19. (a) Aug. 21/42 (b) Margaret Velle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass  
(c) City or town East Lynne  
(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.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17  
year 1942 hour 4 minute 50 am.

21. I hereby certify that I attended the deceased from Aug 10 1942 to Aug 17 1942  
that I last saw him alive on Aug 16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Anaemic Conna  
Due to Hypertension and chronic nephritis  
Due to old arterial sclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 121 f.  
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) (c) Means of injury \_\_\_\_\_  
23. Signature H. J. D. Scott (M. D. or other)  
Address Harrisonville Mo Date signed Aug 17 1942

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

19  
00  
0

NOV 15 1947

*By*

**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 *G. D. Hazler*

Licensed Embalmer No. *2717*

P. O. Address *East Lyme 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.**