

S. No. 2
1-1441
7-5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28363

State File No. _____

FILED SEP 11 1942

Registration District No. 342

Primary Registration District No. 45-24

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Advance
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Advance
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1942 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1938, to July 25, 1942,
that I last saw her alive on July 25, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 1281

Major findings: 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 E.C. Masters (M. D. or other) _____
Address Advance, Mo. Date signed July 24, 42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Chloe May Allen

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife J. P. Allen 6. (c) Age of husband or wife alive years
7. Birth date of deceased May 28, 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name William M. Atkins
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Mary C. Greenleaf
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Allen
(b) Address Advance, Mo.

17. (a) Burial (b) Date thereof July 27, 1942 (Burial, cremation, or reinterment) (Month) (Day) (Year)
(c) Place: burial or cremation Green Hill Cem.

18. (a) Signature of funeral director Clayton S. Morgan
(b) Address Advance, Mo.

19. (a) Aug. 27, 1942 (b) M. H. Brown (Date received local registrar) (Registrar's signature)

1131

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Office No. 2.

District File Number 942-1157

Date Filed 9-8-42

SEP 28 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.....

Lloyd S. Morgan

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Lloyd S. Morgan*

Licensed Embalmer No. 3361

P. O. Address Advance 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.