

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29688

BILLED SEP 18 1942
Registration District No.

Primary Registration District No. 5048

State File No.
Registrar's No. 12-25

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural McDonald Twp.
(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. years, months or days

3. (a) PRINT FULL NAME Sion Barbee Allen

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

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

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

7. Birth date of deceased April 14, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 4 hr. min.

9. Birthplace Mt. Vernon, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Joseph Allen

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Barbee

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula M. Allen

(b) Address R. F. D. #1, Purdy, Mo.

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

(c) Place: burial or cremation Carl Junction, Mo.

18. (a) Signature of funeral director

(b) Address

19. (a) Sept 3/42 (b) 10/16
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(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 Oct. day 18th
year 1940 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct 2 to Oct 18, 1940.
that I last saw him alive on Oct 18, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 10 days

Due to Chronic nephritis

Due to Chronic Prostatitis

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature Res. Newman (M. D. or other)
Address Cassville, Mo Date signed

RECEIVED

District Health Officer No. 6,

District File Number 942-1405

Date Filed SEP 17 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

J. M. Buchanan
working under my personal supervision.

Registered Apprentice No. _____

Signed

J. M. Buchanan

Licensed Embalmer No. 3179

P. O. Address

Monro 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.

STANDARD CERTIFICATE OF DEATH

State File No. 29688

Registration District No.

Primary Registration District No. 5048

Registrar's No. 12

1. PLACE OF DEATH:

- (a) County Bany
(b) City or town pena
(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. years, months or days)

3. (a) PRINT FULL NAME Sion Barber Allen

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. April 14/86
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 4 (If less than one day, hr. min.)

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

- (b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19, 1912
(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1912 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 1912 to 1912,
that I last saw him alive on 1912,
and that death occurred on the date and hour stated above.
Immediate cause of death

- Due to

- Due to

- 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?

- (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)

- Address Date signed

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

SUPPLEMENTARY

