

FILED SEP. 17 1942 240

Registration District No. 240

Primary Registration District No. 4357

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Marston
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether)
In this community all of life years, months or days

3. (a) PRINT FULL NAME

MARY JANE 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 WIDOWED

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Oct. 12-1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name James Black
13. Birthplace Portageville, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Bassett
15. Birthplace Portageville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) Burial (b) Date thereof June 6-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation maunds

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid, Mo.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Marston
(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 June day 4 year 1942 hour 2:00 minute P.M.

21. I hereby certify that I attended the deceased from May 5 to June 1, 1942
that I last saw her alive on June 1st, 1942
and that death occurred on the day and hour stated above.

Immediate cause of death Cancer of Uterus Duration ?

Due to

Other conditions General metastasis
(Include pregnancy within 3 months of death)

Major findings: Of operations H&B
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) Manner of injury
23. Signature Philip Jager M.D. (M. D. or other)
Address Marston, Mo. Date signed 6-15-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30933**
Registrar's No. **37**

Registration District No. **240**

Primary Registration District No. **4357**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Marston**
(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 **Life** years, months or days

3. (a) PRINT FULL NAME

Mary Jane Allen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct 12 1868**
(Month) (Day) (Year)

8. AGE:

Years **74** Months **7** Days **13** (If less than one day) min.

9. Birthplace

Portagesville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Subsampler

11. Industry or business

MOTHER FATHER

12. Name **James Black**

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

14. Maiden name **Sarah Pleasant**

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

16. (a) Informant _____

(b) Address _____

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **June 6 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Marston**

18. (a) Signature of funeral director **Richards and Co.**

(b) Address **New Madrid, Mo.**

19. (a) **9-17-42**
(Date received local registrar)

(b) **W. D. Barrett**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **New Madrid**
(c) City or town **Marston**
(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 **June** day _____ year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of uterus** Duration **9**

Due to _____

Due to **C**

Other conditions

(Include pregnancy within 9 months of death)

general metastatic

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 **Philip Loper** (M. D. or other) **MO**
Address **Marston, Mo.** Date signed **6-15-42**

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

not June credit