

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33611

Registration District No. 100

Primary Registration District No. 3018

State File No. _____

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days)
In this community about 9 years

3. (a) PRINT FULL NAME Lena M Allen

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if Jefferson Allen alive X years
7. Birth date of deceased August 23 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER { 12. Name Peter Biefer
13. Birthplace Christina Nientger
(City, town, or county) (State or foreign country)
14. Maiden name Christina Nientger
15. Birthplace Christina Nientger
(City, town, or county) (State or foreign country)

16. (a) Informant John Allen
(b) Address Salem Mo
17. (a) burial (b) Date thereof 10/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kenner Cem

18. (a) Signature of funeral director Carl A. Berneer
(b) Address Salem Mo

19. (a) 10-8-42 (b) Jo D. Dine
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 7
year 1942 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 9-22 1942 to 10-7-42 1942
that I last saw h EX alive on 10-3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo - pneumonia Duration 3 wks.

Due to 107

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?

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

23. Signature Jo D. Dine (M. D. or other) D.O.
Address Salem, Mo. Date signed 10-8-42

NOV 9 1948
RECEIVED
District Health Officer No. 5
District File Number 1142940
Date Filed 11-4-42

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, above space should be left blank.