

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36537

State File No.

Registration District No. 10

Primary Registration District No. 5037

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (Rural) Salt River Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 years (Specify whether years, months or days)
In this community 46 years

3. (a) PRINT FULL NAME

LENAMARY ALLEN

3. (b) If veteran, name war.....

3. (c) Social Security No. none

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife William Allen

6. (c) Age of husband or wife 57 years

7. Birth date of deceased Aug 1 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name David C Bushnell

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

14. Maiden name Annie Burston

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

16. (a) Informant William Allen

(b) Address Laddonia Mo

17. (a) burial (b) Date thereof Nov 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia Mo

18. (a) Signature of funeral director E. H. Pranger
(b) Address Laddonia Mo

19. (a) 11-5-1942 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrain
(c) City or town Laddonia
(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 11 day 5th
year 1942 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from a corner
from returned the following
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death By the Collision of Altam train
21 and V-8-1935 Ford car
at East Crossing in Barber
Mo, on the 5th day of Nov.
Due to 1942

Other conditions 700 lb
(Include pregnancy within 3 months of death)

Major findings: Of operations 1700 lb

Of autopsy 75

22. If death was due to external causes, fill in the following: 004

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? Farther Andrain Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place) (e) Means of injury Collision

While at work? No

23. Signature E. H. Pranger acting Coroner
Address Mexico Mo. 2 Date signed 11/6/42

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

1074 (Licensed Embalmer's Statement on Reverse Side)

NOV 20 1902

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.....
H. G. Grainger..... 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.