

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 11 1942

Registration District No. 291

Primary Registration District No. 5991

Registrar's No. 98

1. PLACE OF DEATH

(a) County Putnam
(b) City or town RURAL
(c) Name of hospital or institution Mendota Mt. P. R. D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

BABY ALLEN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE Color or race WHITE

5. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased NOV 22 1942
(Month) (Day) (Year)

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

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name Elva Allen

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

14. Maiden name Virginia Freeman

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

16. (a) Informant Elva Allen

(b) Address Mendota Mo

17. (a) Burial (b) Date thereof Nov 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Herman

18. (a) Signature of funeral director W. H. H. H.

(b) Address Unionville Mo

19. (a) 12-1-1942 (b) 12-1-1942
(Date received local registrar) (Date of registration)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam
(c) City or town Unionville
(If outside city or town limits, write "RURAL")
(d) Street No. Mendota Mt. P. R. D.
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 23 - 1942
year hour minute M.

21. I hereby certify that I attended the deceased from NOV. 22
1942 to NOV - 24 1942
that I last saw him alive on NOV - 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death remains of fractured head
Duration

Due to

Due to

Other conditions 158
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations 158
Of autopsy 158
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) (c) Means of injury

23. Signature P. H. Hart (M. D. or other)

Address Unionville Mo Date signed NOV 24 1942

RECEIVED

District Health Officer No. 10

District File Number 12-42-4069

Date Filed Dec-10-1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Murl E. Husted

Licensed Embalmer No. 3304

P. O. Address Unsworth, 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.