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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -7 1943

Registration District No. 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40673

State File No.

Primary Registration District No. 5432

Registrar's No.

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Union, Mo. R. F. D. 7 (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 — In this community 70 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 36

(a) State: Missouri (b) County: Franklin 0

(c) City or town: Union, Mo. R. F. D. 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country: no

3. (a) PRINT FULL NAME: George W. Allen

3. (b) If veteran, name war: —

3. (c) Social Security No. —

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Lillie F. Allen

6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: Mar. 19, 1867 (Month) (Day) (Year)

8. AGE: Years 75 | Months 8 | Days 26 | If less than one day — hr. — min.

9. Birthplace: Kinmudy, Ill. / (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Morton Allen
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Flora Meyer
(b) Address: Union, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Villa Ridge, Mo.

18. (a) Signature of funeral director: West Horn
(b) Address: Union, Mo.

19. (a) 12/17/42 (Date received local registrar) (b) Conrad A. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 15 year 1942 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-8, 1942 to 12-15, 1942 and that I last saw him alive on 12-14, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma	1 yr.
Due to: Melanocarcinoma in region of left scapula.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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: H. M. Denny (M. D. or other)

Address: Union Mo. Date signed 12-14-42

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(Licensed Embalmer's Statement on Reverse Side)

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. 3175

P. O. Address Union, 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.