No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5869

State File No.

REC'D FEB 16 1943

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1010 S. Union St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexicoz xs (If outside city or town limits, write "RURAL") 2

(d) Street No. 1010 S. Union St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John L. Allen

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

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

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

7. Birth date of deceased January 27, 1863 (Month) (Day) (Year)

8. AGE: Years 79 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Callaway County, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

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

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

16. (a) Informant George Allen
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pruett
(b) Address Mexico, Mo.

19. (a) Jan 28-1943 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

1017

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1943 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 23, 43, to Jan 26, 43, that I last saw h. alive on Jan 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	
Due to 10	
Due to	
Other conditions Cardio Nephritis (Including pregnancy within 3 months of death)	
Chronic Bronchitis	

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? (Specify type of place)

While at work? (e) Means of injury D

23. Signature J. Frank Adler (M. D. or other) MD

Address Mexico, Mo. Date signed 1/27/43.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-13-276
Date Filed FEB 15 1943

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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P.O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.