

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13925**

**FILED**  
**MAY 10 1948**

Registration District No. **55**

Primary Registration District No. **3010**

Registrar's No. **130**

16  
1  
4

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

1. PLACE OF DEATH:

(a) County **Cape Girardeau**

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

(c) Name of hospital or institution: **Southeast Mo. Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: **2 days** (Specify whether in hospital or institution)

In this community **31 years**  
(years, months or days)

3. (a) PRINT FULL NAME **William Silas 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 **Rebecca Meyers**

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

7. Birth date of deceased **May 1 1874**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>68</b>	<b>11</b>	<b>15</b>	hr. min.

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

10. Usual occupation **Retired Postal Carrier**

11. Industry or business

12. Name **Henry B. Allen**

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

14. Maiden name **Mary Pink**

15. Birthplace **Millersville Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rebecca Allen**

(b) Address **Cape Girardeau, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-18-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Parsonage Cent.**

18. (a) Signature of funeral director **R. B. Warren**

(b) Address **Cape Girardeau, Mo.**

19. (a) **4-23-48** (Date received local registrar) (b) **F. W. Phelps** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**

(c) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL")

(d) Street No. **224 Independence**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16th**  
year **1948** hour **2** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **May**, 1942 to **Apr 16**, 1948  
that I last saw him alive on **Apr 16**, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death **Endo. myocarditis Chronic**

Due to **Diphtheria Toxin 2 1/2 years ago**

Due to **Bacterial Diphtheria**

Other conditions **Cardiac eversion of liver**  
(Include pregnancy within 3 months of death)

Major findings: **928**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **Carl W. Simonson** (M. D. or other)

Address **Cape Girardeau, Mo.** Date signed **4-21-48**

RECEIVED

District Health Officer No. 4  
District File Number 543-2199  
Date Filed 5-9-43

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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 Howard L. Herman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

**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.**