

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17590

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 30

1. PLACE OF DEATH:

(a) County... Cedar
(b) City or town... E. Dorado Springs
(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... (Specify whether)
In this community... years, months or days

3. (a) PRINT FULL NAME ALFRED S ALLEN

3. (b) If veteran, name was... no 3. (c) Social Security No. 493-14-0336

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Allen 6. (c) Age of husband or wife if alive 7.5 years
7. Birth date of deceased July 28 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Hardware Merchant (Retired)

11. Industry or business

12. Name A. S. Allen

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

14. Maiden name Charlotte B. Seymour

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

16. (a) Informant Charles Allen

(b) Address R. 2 E. Dorado Springs, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1943 (Month) (Day) (Year)

(c) Place: burial or cremation... Union City

18. (a) Signature of funeral director Edwin Siders

(b) Address E. Dorado Springs, Mo

19. (a) 5724143 (b) L. J. Dunaway (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town E. Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 123 West Martin
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 24 1943 to May 24 1943 that I last saw him alive on May 22 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Instant

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94A

Major findings: 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 L. J. Dunaway (M. D. or other)

Address E. Dorado Springs, Mo Date signed 5/24/43

Date Filed 6/10/43

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