

FILED JUN 12 1943

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution:
Wood Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital Ink
(Specify whether
In this community all her life (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

(c) City or town Bethany (Ridgeway)
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lucretia Clemantine Allen

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race White 6. (a) Single, widowed, married 2 divorced Widowed

6. (b) Name of husband or wife Wm Henry Allen 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased 8 - 29 - 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>8</u>	<u>0</u>	hr. min.

9. Birthplace Mercer Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Preston Underwood

13. Birthplace don't know
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Oden Allen

(b) Address Ridgeway mo

17. (a) Burial (b) Date thereof 5/26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosett Hill Cemetery

18. (a) Signature of funeral director S. M. Neal

(b) Address Bethany Mo.

19. (a) May 15 - 1943 (b) John B. Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29
year 1943 hour 1.00 minute M.

21. I hereby certify that I attended the deceased from 4 - 21
1943 to 4 - 29 1943
that I last saw her alive on 4 - 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Operated on for Gall Stone on 4-21
which, due to her age and tissue
Due to Condition caused the death

Due to

Other conditions 126
(Include pregnancy within 3 months of death)

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?

(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 2

23. Signature Ernest L. Wood (M.D. or other) D.O.
Address Bethany Mo. Date signed

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

MOTHER FATHER

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.....

S. W. Hask

Licensed Embalmer No.....

1078

P. O. Address.....

Bedford 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.