S. No. 2
—11-10-39
v. 5-17-39
I X21492

FILED JUL 12 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21498

Registration District No. 882 Primary Registration District No. 4228 Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Glasgow (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community none years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howard
(c) City or town Glasgow (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Winfert Allen

3. (b) If veteran, name war World 3. (c) Social Security No. 487-20-0204

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Pelice Allen 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July (Month) 5 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
46	11	22	hr. min.

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

10. Usual occupation R.R. Labor gang

11. Industry or business

FATHER 12. Name Scott Allen
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Liza Miller
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Forest Allen
(b) Address Slater, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Slater, Mo.

18. (a) Signature of funeral director Hill Brothers
(b) Address Slater, Mo.

19. (a) 6/28/43 (Date received local registrar) (b) R. O. Ames (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27, year 1943 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from ...., 19...., to ...., 19....;
that I last saw h.... alive on ...., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sun Stroke Died while working.	1 day
Due to Taken from Dr's report immediately after death	
Due to	

Other conditions (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? (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 Ira Bloom (Coroner) M. D. or other)
Address Fayette Mo. Date signed 6-26-43

1311 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number 8 - 43

Date Filed 7-19-43

JUL 16 1943

AUG 27 1943

FEB 5 1944

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 E W Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow 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, above space should be left blank.