

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24905

State File No. ....

Registrar's No. ....

Registration District No. 120

Primary Registration District No. 4199

## 1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town McFall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 5 Yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bertha Allen

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife. ✓ 6. (c) Age of husband or wife if alive. ✓ years  
7. Birth date of deceased. June 9 1943  
(Month) (Day) (Year)

8. AGE: Years 18 Months I Days 4 If less than one day  
hr. min.

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

## 10. Usual occupation

## 11. Industry or business

12. Name Lewis Allen  
13. Birthplace Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Allie Cain  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Allie Allen  
(b) Address McFall, Mo.

17. (a) Burial (b) Date thereof 7 15 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation McFall, Mo.

18. (a) Signature of funeral director Ed Branner  
(b) Address Pattonsburg, Mo.

19. (a) July 15 - 1943 (b) James M. Webster  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry  
(c) City or town McFall  
(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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 13  
year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1  
1943 to July 18 1943  
that I last saw her alive on July 18 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage  
Epilepsy

Due to Cerebral Hemorrhage  
Due to Epilepsy

Other conditions. (Include pregnancy within 3 months of death)  
43a

Major findings:  
Of operations 43a

Of autopsy 43a

Underline the cause to which death should be charged statistically.

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) (e) Means of injury

While at work? ✓

23. Signature J. M. Barger (M. D. or other)  
Date signed 7-15-43

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

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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.....

*E. S. Gromer*

Licensed Embalmer No. 2857

P. O. Address. Pattonsburg, 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.**