

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25889

State File No.

FILED AUG 9 1943  
Registration District No. 382

Primary Registration District No. 6042

Registrar's No. 1454

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Warrensburg  
(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 13 years (Specify whether years, months or days)  
In this community 13 years

3. (a) PRINT FULL NAME HUDSON 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 Vinnie Allen 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased December 14, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 6 16 hr. min.

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

10. Usual occupation farming

11. Industry or business

12. Name John Allen  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura Strong  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Vinnie Allen  
(b) Address Oxley Mo.

17. (a) Burial (b) Date July 3, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buck Smart Cent.

18. (a) Signature of funeral director Blackburn  
(b) Address Doniphan Mo.

19. (a) July 3 - 43 (b) Barth White  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 9  
(c) City or town Doniphan 0  
(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 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1943 hour 9 minute 20 AM.

21. I hereby certify that I attended the deceased from July 1, 1943 to July 1, 1943  
that I last saw him alive on July 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver and abdominal aortitis  
Due to Sepsis  
Due to -

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

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 Barth White (M. D. or other) -  
Address Doniphan Mo Date signed 7-2-43

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

RECEIVED

District Health Officer No. 5,

District File Number 843486

Date Filed 8-6-72

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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

*Leslie D. Russell*

Licensed Embalmer No.

3855

P. O. Address

*Carnegie Bldg.*

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.