

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 6 1943

Registration District No. 369

Primary Registration District No. 4538

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County WAYNE

(b) City or town PIED MONT
(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 9 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MADISON

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME VINTON H. ALLEN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1943 hour 3 minutes 3 AM.

21. I hereby certify that I attended the deceased from Oct 2, 1942, to July 13, 1943
that I last saw him alive on July 13, 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ALLEN 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased MAY 14 1962
(Month) (Day) (Year)

Immediate cause of death Bronchial Asthma complicated by Senile debility

Due to Senile debility

Due to 112

Other conditions (Include pregnancy within 3 months of death) 112

8. AGE: Years 81 Months 1 Days 29 If less than one day - hr. - min.

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

10. Usual occupation STORE CLERK

11. Industry or business STORE

12. Name GEORGE W. ALLEN

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

14. Maiden name MARY SHERATE

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

16. (a) Informant Leatha Ellen Black

(b) Address Piedmont, Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 15 1943 (Month) (Day) (Year)

(c) Place: burial or cremation NEAR CHURCH MISSOURI

18. (a) Signature of funeral director Mr. Dick

(b) Address Piedmont, Missouri

19. (a) 7/31/43 (Date received local registrar) (b) Mrs. Lattie Manns (Registrar's signature)

Major findings: Of operations 112

Of autopsy 112

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) (c) Means of injury 2

23. Signature Keith L. Hull (M. D. or other) DO.

Address Fredricks town, Mo Date signed 7-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 843-2472
Date Filed 8-5-43

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 Norman W. Gish
Licensed Embalmer No. 3387
P. O. Address Redwood Missouri

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.