

3. No. 2
1-5-42
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31410

State File No. _____

ED OCT 14 1943

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. _____

20
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County bedar

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

(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County bedar

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

(d) Street No. P. 21 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM J ALLEN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Daisy Allen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 19 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Junk Dealer

11. Industry or business _____

12. Name J. F. Allen

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

14. Maiden name Mary E Allen

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

16. (a) Informant Daisy Allen

(b) Address P. 21 Edwards Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 19-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Edwards Cemetery

18. (a) Signature of funeral director Wm. Sanders

(b) Address Edwards Springs Mo

19. (a) Sept 17, 1943 (Date received local registrar) (b) L. Penaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1943 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 7 1943 to Sept 17 1943 that I last saw him alive on Sept 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____

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

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 W. Dawson (M. D. or other) _____
Address Edwards Springs Date signed 9-17-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1046

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 9-43-1044

Date Filed 10-14-43

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 _____

O. B. Sellers

Licensed Embalmer No. _____

3258

P. O. Address _____

E. Donald O'Connell

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.