

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH 5-781 State File No.

32120

OCT 11 1943 213 Registration District No. 213 Primary Registration District No. 213 Registrar's No. 84

1. PLACE OF DEATH:

(a) County. Miller
(b) City or town. Life 023rk Mo. 111107
(c) Name of hospital or institution: L
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life (Specify whether years, months or days)

3. (a) PRINT
FULL NAMEIda Allen

3. (b) If veteran,

name war. NONE

3. (c) Social Security

No. NO

4. Sex. Female / race. white / 5. Color or
6. (a) Single, widowed, married, divorced. married
6. (b) Name of husband or wife. OLIVER JOE ALLEN 6. (c) Age of husband or wife if
alive. 58 years
7. Birth date of deceased. Nov. 14 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 0 0 hr. 0 min.

9. Birthplace. Morgan Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife11. Industry or business. Home

MOTHER FATHER { 12. Name. Hiram Howard
13. Birthplace. Morgan Co. Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name. Mary Jane Lamm
15. Birthplace. Camden Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant. Oliver Joe Allen
(b) Address. 1400 Oak Me
17. (a) Burial (b) Date thereof. 8-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Dooley Cem.

18. (a) Signature of funeral director. Herthmayer
(b) Address. Old 1st St.
19. (a) 8-15-43 (b) 8-15-43
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Miller 66
(c) City or town. Eldon - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. West Aurora 3 Mi SW of Eldon
(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. Aug day. 14
year. 1943 hour. 12 minute. 3 A.M.

21. I hereby certify that I attended the deceased from Sept.
1942, to Aug. 13, 1943
that I last saw her alive on Aug. 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary edema Duration 48 hr.

Due to. Co. of Breast 6 yr.

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 sta-
tistically.

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 5

23. Signature. M. J. Ayres (M. D. number) _____
Address. Winchman Mo Date signed. 8-14-43

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

8-10-43 CR Howard

RECEIVED

Weller County Health Dept.

County File Number 43-72

Date Filed 10-5-43

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

Licensed Embalmer No.

P. O. Address.

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.