

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32750

State File No. _____

Registrar's No. _____

LED SEP 16 1943 47

Registration District No. 47

Primary Registration District No. 6168

1. PLACE OF DEATH

(a) County Stone
(b) City or town Else
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community about 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

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

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Earl Allen

(b) Address Beeds Springs

17. (a) Burial (b) Date thereof Aug 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beeds Springs

18. (a) Signature of funeral director Walter J. Cleathorn

(b) Address Galena, Mo.

19. (a) Aug 4 1943 (b) Nellie Ironley
(Date signed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone
(c) City or town Else
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1943 hour 11 minute 40 PM

21. I hereby certify that I attended the deceased from June 1 - 1942 to Aug 3 - 1943
that I last saw him alive on July 29 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic cirrhosis
Duration 1 yr

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no 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 A. L. Tress (M. D. or other) _____

Address Crane Mo Date signed 8-4-43

1172 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 943-1095

Date Filed 9-15-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

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.