

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38701

State File No. _____

Registrar's No. 58

Registration District No. 212-

Primary Registration District No. 5779

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town RURAL - FRANKLIN
(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 Life time (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES - HINKLEY - ALLEN

3. (b) If veteran, name war none 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 STELLA - ALLEN 6. (c) Age of husband or wife if alive 68 years

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

8. AGE: Years Months Days If less than one day
69 5 20 - hr. - min.

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

10. Usual occupation ARMOR

11. Industry or business FARMING

12. Name BENJAMIN - ALLEN

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

14. Maiden name MARY - VERNON

15. Birthplace MILLER - Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Stella Allen

(b) Address Eldon Mo.

17. (a) BURIAL (b) Date thereof 11-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cem. Miller Co

18. (a) Signature of funeral director Keith M. Page

(b) Address Eldon Mo.

19. (a) 11-26-43 (b) W. S. Spurgeon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER
(c) City or town RURAL - Franklin
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi So. of Eldon Mo
(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 Nov. day 24
year 1943 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 16
1943 to Nov 24 1943
that I last saw him alive on Nov 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver with obstructive jaundice
Duration 1 yr 2 mo

Due to _____

Due to _____

Other conditions 46 f
(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 2

23. Signature M. E. Humphrey (M. D. or other) D.O.

Address Juscumb Mo. Date signed 11-26-43

RECEIVED

Miller County Health Dep't.

County File Number 43-194

Date Filed 12-6-43

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 Rich M. Fays

Licensed Embalmer No. 3998

P. O. Address Eldon Mo.

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.