S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41981

Registration District No. 73 | Primary Registration District No. 3014 | Registrar's No. 86

**1. PLACE OF DEATH:**

(a) County: Clay

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

(c) Name of hospital or institution: 222 West Franklin St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 56 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo (b) County: Clay

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

(d) Street No. 222 W Franklin St
(If rural, give location)

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

If yes, name country: No

3. (a) PRINT FULL NAME: Florence Easley Allen

3. (b) If veteran, name war: No

3. (c) Social Security No. None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Shubael W. Allen

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Oct (Month) 9 (Day) 1876 (Year)

8. AGE: Years 67 | Months 1 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: Lineus (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At home

FATHER
12. Name: Francis T Doan
13. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Martha Easley
15. Birthplace: Lineus (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Shubael Allen
(b) Address: 222 W Franklin St Liberty Mo

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Dec 6 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Kc. Mo.

18. (a) Signature of funeral director: O J Carder
(b) Address: 111 E Franklin St Liberty Mo

19. (a) Dec 7 1943 (Date received local registrar) (b) Helen Early (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 30 year 1943 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from June, 1939, to Nov 30, 1943; that I last saw her alive on Nov 30, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: R. Hemiplegia | 2 yr. |
| Due to: Hypertension | Indef. |
| 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 statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Guy Andrew (M. D. or other) MD

Address: Liberty Mo Date signed 12/4/43

926

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District Filo Number
Date Filod 1-10-44

JUN 26 1958

OCT 5 1944

**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. J. Carder Jr

Licensed Embalmer No. 3934

P. O. Address Liberty 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.**