

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42911**

FILED JAN 13 1945

Registration District No. **5742**

Primary Registration District No. **5742**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Macon**  
(b) City or town **Callao Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1 Valley Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **1** (Specify whether  
In this community **✓** years, months or days) (Specify whether

3. (a) PRINT  
FULL NAME

**Lucinda Allen**

3. (b) If veteran, **✓**  
name war **✓**

3. (c) Social Security  
No **✓**

4. **Female**  
5. Color or race **White**

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 **2-22-1885**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**88 9 25** hr. min.

9. Birthplace

**Macon Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation

**Housewife**

11. Industry or business

12. Name **Harry Ellis**

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

14. Maiden name **Beck**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **W. F. Allen**

(b) Address **Callao Mo**

17. (a) **Burial** (b) Date thereof **12-15-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Charleston Cemetery**

18. (a) Signature of funeral director **W. F. Allen**

(b) Address **Callao Mo**

19. (a) **Dec. 24, 1943** (b) **Almena M. Wickland**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Macon**  
(c) City or town **Callao Rural**  
(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 **12** day **17**  
year **1943** hour **9** minute **15** P. M.

21. I hereby certify that I attended the deceased from **January 10, 1938** to **December 14, 1943**  
that I last saw him **alive** on **December 14, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart disease**  
**Arteriosclerosis**

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **✓**

Of autopsy **✓**

Duration

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) (e) Means of injury **—**

23. Signature **W. F. Allen** (Mr., Dr., or other)

Address **Callao** Date signed **12/21/43**

(Licensed Embalmer's Statement on Reverse Side)

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

1050

RECEIVED

District Health Officer No. 10

District File Number 1-44-137

Date Filed JAN-1-2-1944

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

*J. J. Edwards*

Licensed Embalmer No. 0-1961

P. O. Address Brewer, 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.