

FILED FEB 8 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3482

Do not use this space.

1. PLACE OF DEATH

(a) County Macan
 (b) Township Thalnut
 (c) City.....
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 202Primary Registration District No. 5733Registered No. 161

(d) Street No. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SANDRA-SUE ALLEN

(a) Residence, No. St. (If nonresident, give city or town and State) 1
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1942
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 1 13
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk, Mo.

13. NAME Harry Walter Allen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Lucille Carter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Lucille Allen (ADDRESS) Emmer, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Emmer, Mo. DATE Dec. 20 194319. FUNERAL DIRECTOR Clyde McCallum (ADDRESS) Emmer, Mo.20. FILED Jan. 10, 1944 Minnie Fresh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 194322. I HEREBY CERTIFY, That I attended deceased from Dec 12 1943 to Dec 19 1943

I last saw her alive on Dec 19 1943 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Acute Bronchial Pneumonia Date of onset 12-17-43

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....(Signed) Harold D. Loh 2 M.D.(Address) Emmer Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 2-44-287

Date Filed FEB 5 1944

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Clyde W. Collins

Licensed Embalmer No. 3226

This Body was not embalmed

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.)