

FILED MAR 3 1944
Registration District No. 28

Primary Registration District No. 5099

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

1. PLACE OF DEATH:

(a) County BATES

(b) City or town FOSTER, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

In this community 4 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON

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

(d) Street No. 7716 Grand Ave.
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME CARRIE BELLE ALLEN

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife John ALLEN

6. (c) Age of husband or wife if alive 4 years (Day) (Year)

7. Birth date of deceased SEPT. 4 1890
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 16
If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

MOTHER FATHER

11. Industry or business

12. Name ALEX Goodwin

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

14. Maiden name ALICE FARRINGTON

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

16. (a) Informant Edwin L. Allen, U.S.N.

(b) Address

17. (a) Burial (b) Date thereof FEB 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALEM, CEM.

18. (a) Signature of funeral director Booth FUNERAL HOME

(b) Address Butler, Missouri

19. (a) MAR 22 (b) Mrs Ethel Goodwin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 44 hour 4-15 minute A.M.

21. I hereby certify that I attended the deceased from Dec 15 1943 to Feb 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Bronchiectasis Duration 30 yrs

Due to

Other conditions Chronic interstitial nephritis 10 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations 3/0 Of autopsy 3/0

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 9

23. Signature Fred E. Dunlap (M. D. or other) MD
Address Pleasanton, Kans Date signed 2-21-44

RECEIVED

District Health Officer No. 7.

District File Number 1-44-184

Date Filed 3-2-48

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.....

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address.....

Benton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.