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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Smith

State File No. 10375

FILED MAR 23 1944

Registration District No. [illegible]

Primary Registration District No. 3006

Registrar's No. 28

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1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Boone County Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 60 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 1119 Paris Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME EMMERSON DAVIS ALLEN

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annie Allen

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

7. Birth date of deceased 10 (Month) - 9 (Day) - 1876 (Year)

8. AGE: Years 67 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace St. Charles County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Grocery Merchant

11. Industry or business

MOTHER FATHER

12. Name Kyes Allen

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

14. Maiden name Martha Davis

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

16. (a) Informant Mrs. E.D. Allen

(b) Address 1119 Paris Rd., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Femme Cemetery

18. (a) Signature of funeral director Brown Funeral Service

(b) Address Columbia, Mo.

19. (a) 2-4-'44 (Date received local registrar) (b) Edna H Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1944 hour 10:35 minute P. M.

21. I hereby certify that I attended the deceased from Jan 27, 1944 to Feb 2, 1944
that I last saw h alive on Feb 2, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Acute	
Due to Arterio-sclerosis	
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 Stephen D Bauman (M. D. or other)
Address [illegible] Date signed 2/4/44

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number
Date Filed 3-22-44

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.....

Licensed Embalmer No. 4132

P. O. Address.....

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

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