

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 12 1944

Registration District No. 120

Primary Registration District No. 4797 5446

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Stanberry Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Cooper Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether)
In this community 61 years (years, months or days)

3. (a) PRINT FULL NAME Mrs. Sallie C. Allen

3. (b) If veteran, name war ✓ 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Charles S. Allen 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased July 27 1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Hannibal MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Israel Christie

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

14. Maiden name Elizabeth Baskett

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

16. (a) Informant Mrs. Chas S. Allen

(b) Address Stanberry MO. RR 2

17. (a) Burial (b) Date thereof 3-19-44 (Month) (Day) (Year)

(c) Place: burial or cremation Stanberry MO

18. (a) Signature of funeral director John H. Phillips

(b) Address Stanberry MO

19. (a) 3-18-44 (b) Th. M. Allen (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin
(c) City or town Stanberry Rural (If outside city or town limits, write "RURAL")
(d) Street No. S.W. Stanberry 2-Mi (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1944 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 15 1944 to March 16 1944
that I last saw her alive on March 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (f) Means of injury 0

23. Signature E. E. Simpson (M. D. or other)

Address Stanberry Mo. Date signed 3-18-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 9 1948

FEB 26 1947

APR 7 1948

NOV 16 1954

APR 18 1948

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, ~~W. H. H. H.~~

Registered Apprentice No. ~~1898~~

~~Working under my personal supervision.~~

Signed

Latoy H. Phillips

Licensed Embalmer No. 1898

P. O. Address *Sloneburg 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.