

FILED MAY 8 1944

Registration District No. **8**

Primary Registration District No. **5112**

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

1. PLACE OF DEATH:

(a) County **Bollinger**
(b) City or town **Tapleville, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life** years, months or days

3. (a) PRINT FULL NAME **Henrietta Allen**

3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elmer W. Allen** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **March 23 1868**
(Month) (Day) (Year)

8. AGE: Years **75** Months **11** Days **23** If less than one day hr. _____ min. _____

9. Birthplace **Cape Girardeau, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **George Luchner**

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

14. Maiden name **Barbara Luchner**

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

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

(b) Address **Tapleville, Missouri**

17. (a) **Burial** (b) Date thereof **Mar. 18-1944**
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation **Tapleville, Mo.**

18. (a) Signature of funeral director **Edward J. Morgan**

(b) Address **Adairville, Missouri**

19. (a) **April 7-44** (b) **Mrs. Geneva Graham**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bollinger**
(c) City or town **Tapleville**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16**
year **1944** hour **8** minute **45** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw her alive on **March 15** — 19**44**, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis (with decompensation)

Due to **1. Prior Thyroid**

Due to **2. Arteriosclerosis**

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? **✓**

(Specify type of place) While at work? **✓** (e) Means of injury **✓**

23. Signature **Delbert M. Kates** (M. D. or other)

Address **Adairville, Missouri** Date signed **4-7-44**

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 5404377
Date Filed 5-8-44

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.....

Lloyd S. Morgan
working under my personal supervision.

....., Registered Apprentice No.....

Signed

Lloyd S. Morgan
Licensed Embalmer No. 3361

P. O. Address Advance 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.