

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16069

FILED MAY 12 1947

Registration District No. 370

Primary Registration District No. 6258

Registrar's No.

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Greenville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francois Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether)
In this community 60 years (years, months or days)

3. (a) PRINT FULL NAME Merida Sanford Allen3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 17 1862 (Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 8 If less than one day hr. _____ min. _____9. Birthplace Greenville (City, town, or county) (State or foreign country)10. Usual occupation former minister

11. Industry or business _____

12. Name Bybel Allen13. Birthplace Greenville (City, town, or county) (State or foreign country)14. Maiden name Winters15. Birthplace Greenville (City, town, or county) (State or foreign country)16. (a) Informant Rev. Wilbur Allen(b) Address Poplar Bluff - Missouri17. (a) Burial (b) Date thereof 3 29 1944 (Month) (Day) (Year)(c) Place: burial or cremation Camp 818. (a) Signature of funeral director Arthur R. Bennett(b) Address Greenville - Mo.19. (a) 4-10-44 (b) Inez Bennett (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne
(c) City or town Greenville (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 26 year 1944 hour 5 minute 0 P. M.21. I hereby certify that I attended the deceased from Feb 25 1944 to Feb 25 1944.
that I last saw him alive on March 23 1944 and that death occurred on the date and hour stated above.Immediate cause of death Influenza Duration _____Due to age & infirmities

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 332

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? _____

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

23. Signature Adam F. Wagner (M. D. or other) _____Address Greenville Mo Date signed March 27

MAY 25 1944

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.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. may

Registration District No. 370

Primary Registration District No. (1)

Registrar's No.

1. PLACE OF DEATH:

- (a) County Wayne
(b) City or town Greenville (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. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME Manda S. Allen

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. W

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 1866 years

7. Birth date of deceased May 17 (Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 11 (If less than one day, in min.)

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name. 13. Birthplace. (City, town, or county) (State or foreign country) 14. Maiden name. 15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant. (b) Address.

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) (Date received local registrar) (Registrar's signature) Wm. Bennett

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Wayne
(c) City or town Greenville (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 May day 24 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from May 17, 1944; that I last saw him alive on May 17, 1944; and that death occurred on the date and hour stated above. Immediate cause of death.

Due to.

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? (c) Means of injury.

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

Address. Date signed.

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

SUPPLEMENTARY

100009

Tracy Bennett