S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22344

State File No. 22344

Registration District No. 301 | Primary Registration District No. 4450 | Registrar's No. 1966

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Doniphan (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Williams Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-days - (Specify whether years, months or days) In this community 40-year -

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley
(c) City or town RFD 1 Doniphan (If outside city or town limits, write "RURAL")
(d) Street No. Harris Ridge (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country D

3. (a) PRINT FULL NAME Dollie Mae Allen -
3. (b) If veteran, name war
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 D. A. Allen -
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec - (Month) 23 (Day) 1899 (Year)
8. AGE: 45 Years | Months 4 | Days 5 | If less than one day hr. min.
9. Birthplace Clay Co. (City, town, or county) Ark - (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name Richard Gordan -
13. Birthplace Clay Co - (City, town, or county) Ark - (State or foreign country)
14. Maiden name Mae Mattix
15. Birthplace Clay Co - (City, town, or county) Ark - (State or foreign country)
16. (a) Informant D. A. Allen
(b) Address Doniphan R.R. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Pete Chapel
18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor Mo.
19. (a) 4-28-44 (Date received local registrar) (b) E. O. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 27 year 1944 hour 11 - P.M. minute M.
21. I hereby certify that I attended the deceased from April 21 1944 to April 27 1944 that last saw her alive on april 27 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Degeneration of Cerebral vessels.	
Due to Heredity	
Other conditions (Include pregnancy within 3 months of death) 83a	
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 J. E. Williams (M. D. or other)
Address Doniphan, Mo. Date signed 4-28-44

674

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.