V. S. No. 2
100M—-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14, 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23994

Registration District No. ...... Primary Registration District No. 3002 Registrar's No. 108

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
In this community ...... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Audrain
(c) City or town Centralia Rural
(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 ......

3. (a) PRINT FULL NAME ALLIE BURETTE ALLEN
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife OMER ALLEN
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased 7 (Month) 16 (Day) 1898 (Year)
8. AGE: Years 44 Months 11 Days 29 If less than one day ...... hr. ...... min.
9. Birthplace Callaway Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ......

FATHER
12. Name Oliver Purdy
13. Birthplace Centralia (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ida Stevens
15. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Omer Allen
(b) Address Centralia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 16 (Day) 1944 (Year)
(c) Place: burial or cremation Hickory Grove Church
18. (a) Signature of funeral director M. McDonald
(b) Address Centralia Mo
19. (a) 7/16-1944 (Date received local registrar) (b) Margaret H Macken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 13, 1944, to July 15, 1944, that I last saw her alive on July 15, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of stomach with metastasis	6 mo
Due to to liver, abd. wall	
Due to 46 b	

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

Major findings:
Of operations Carcinoma of Stomach
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 Karl E. Maxwell (M. D. or other) MD
Address Mexico, Mo Date signed 7/16/44

-1094

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1954

RECEIVED
District Health Officer No. 10
District File Number 8-44-1441
Date Filed AUG 11 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 Norma Daccard

Licensed Embalmer No. 4313

P. O. Address Centralia 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.