

Registration District No. 188

Primary Registration District No. 5699

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Fairview Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9 Miles South Chillicothe, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town (RURAL) Fairview Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 9 Mi. South Chillicothe, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHESTER THOMAS ALLEN
3. (b) If veteran, name war No
3. (c) Social Security No. 495-26-0782

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13th.
year 1944 hour 1:15 minute A: M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased July 12 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11 1944 to July 13 1944;
that I last saw him live on July 13 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 0 1 hr. _____ min.

Immediate cause of death Cardiac Thrombosis
Duration 2 days

9. Birthplace Reger, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) gpa
Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER {
11. Industry or business _____
12. Name David Oliver Allen
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Florence Bell Williams
15. Birthplace Sullivan County, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lois Williams
(b) Address R.R. #1 Avalon, Missouri
17. (a) Burial (b) Date thereof 7 - 14 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burneside Cemetery
18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri
19. (a) July 14 '44 (b) Mrs Van D Gullerton
(Date registered local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Chillicothe, Mo Date signed 7/14/44

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

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.....

..... Elmer Thomas, Registered Apprentice No.
working under my personal supervision.

Signed Elmer Thomas
Licensed Embalmer No. 2640
P. O. Address Phillicotte

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.