S. No. 2
M—2-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27856

State File No.

Registration District No. 140 Primary Registration District No. 3074 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED: 45 / 1 / 1
(a) State Missouri, (b) County Howard.
(c) City or town Fayette, (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 0

3. (a) PRINT FULL NAME Juda Ellen Allega;
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 2 widowed
6. (b) Name of husband or wife S. J. Allega
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 14th 1857 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	5	28	hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home,
11. Industry or business

FATHER
12. Name Ben Penning, Ben Benning
13. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Lelitha Garvin,
15. Birthplace Kentucky, (City, town, or county) 1 (State or foreign country)

16. (a) Informant Ada B. Shields,
(b) Address Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 4 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette City Cemetery
18. (a) Signature of funeral director [signature]
(b) Address Fayette Mo
19. (a) 8-4 1944 (Date received local registrar) (b) Ernest McMiller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1944 hour 430 a.m. minute M.
21. I hereby certify that I attended the deceased from May 26 1944, to Aug 2 1944
that I last saw her alive on Aug 1 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death. Shock & Exhaustion	
Due to Hip fracture	2 Mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1860
18

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) Hip fracture
(b) Date of occurrence 1st May 26-1944
(c) Where did injury occur? Roanoke Howard Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the Home (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature W. M. Dinsmore (M. D. ~~or other~~)
Address Armstrong Mo Date signed 8/2/44

1371

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1947

RECEIVED DEC 30

District Health Officer No. 8,

District File Number _____

Date Filed 9-12-46

FEB 20 1947

FEB 21 1947

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.