S. No. 2
1—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1944

Registration District No. 2102

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28234
State File No.

Primary Registration District No. 5733

Registrar's No. 14

1. PLACE OF DEATH:

(a) County MACON

(b) City or town RURAL - WALNUT TOWNSHIP
(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)

2. USUAL RESIDENCE OF DECEASED: 61

(a) State Missouri (b) County Macon 5

(c) City or town Rural 5
(If outside city or town limits, write "RURAL")

(d) Street No. Southeast of Elmer
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME ROBERT-LEE-ALLEN

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

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 May (Month) 13 (Day) 1944 (Year)

8. AGE: Years ____ Months 1 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Macon Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business ____

MOTHER FATHER

12. Name Harry W. allen

13. Birthplace / (City, town, or county) Ill. / (State or foreign country)

14. Maiden name Ival Carter

15. Birthplace ____ (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Ival Carter allen

(b) Address Elmer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Elmer

18. (a) Signature of funeral director Clyde McCollum

(b) Address Elmer, Mo.

19. (a) July 20 1944 (Date received local registrar) (b) Minnie Steed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29 year 1944 hour 1 minute 8 A. M.

21. I hereby certify that I attended the deceased from — ____, 19____, to — ____, 19____;
that I last saw h____ alive on — ____, 19____;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suffocation. Child was sleeping with	
Due to mother, on her mother awaken about 4 P M.	
Due to the discovered the child dead. perhaps mother	
Other conditions valued in child accidentally (Include pregnancy within 3 months of death)	

Major findings:
Of operations — 1822 16

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) accident

(b) Date of occurrence 6-29-44 61

(c) Where did injury occur? Elmer Macon Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home on farm (Specify type of place)

While at work? Sleep (e) Means of injury: Suffocation

23. Signature W. J. Edmunds, M.D. (M. D. or other)

Address Seneca, Mo. Date signed 6/29/44

1034 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-44-1481
Date Filed AUG 14 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.

This body was not embalmed

Signed Clyde W. C. Callum

Licensed Embalmer No. 3226

P. O. Address Elmer, 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.