

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28327

State File No.

FILED SEP 13 1947

Registration District No.

Primary Registration District No. 4495

Registrar's No. 93

1. PLACE OF DEATH: Shelby Co.
(a) County. Shelby Co.
(b) City or town. BETHEL
(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.
In this community. 45 yrs 8 mo 7 da (Specify whether years, months or days)

3. (a) PRINT FULL NAME. Leroy Allen
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Charlotte Allen 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Nov 26 1898 (Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 7 If less than one day, hr. min.

9. Birthplace Shelby Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Truck line operator

11. Industry or Business Hauling lube stock

12. Name James David Allen

13. Birthplace Shelby Co. Missouri (City, town, or county) (State or foreign country)

14. Maiden name Margaret Elizabeth Stuart

15. Birthplace Shelby Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. Musgrave

(b) Address Bethel Missouri

17. (a) Burial (b) Date thereof Aug. 8-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leonard Cemetery

18. (a) Signature of funeral director W. Musgrave

(b) Address Bethel Missouri

19. (a) Aug. 23-44 (b) Marge Josch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 102
(a) State. Missouri (b) County. Shelby Co.
(c) City or town. BETHEL (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 3 year 1944 hour 10:00 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 31 19 44 to Aug 5 19 44; that I last saw him alive on Aug 3 19 44; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage causing paralysis of right side Duration 4 days

Due to. Due to.

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?

While at work? (Specify type of place) (e) Means of injury.

23. Signature [Signature] Date signed Aug 15 44

Address [Address]

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

1095 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10.
District File Number 9-44-1617
Date Filed SEP 12 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

Licensed Embalmer No.

P. O. Address

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.