

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 26 1944
Registration District No. _____

Primary Registration District No. 4193

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jany County

(b) City or town Kirkville
(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) 1

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Eleven years
years, months or days

2. RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jany

(c) City or town Kirkville
(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. _____ years

3. (a) PRINT FULL NAME WILLIAM S. ALLEN

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 7

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 10 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 14 If less than one day ✓ hr. _____ min.

9. Birthplace Chitfield Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER { 12. Name Thomas Allen

18. Birthplace Chitfield Minnesota
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Sarah Welch

15. Birthplace Chitfield Minnesota
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature P. F. Anstett

(b) Address 120 So. Grand Ave. Colby

17. (a) Burial (b) Date thereof Aug. 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwards Cemetery

18. (a) Signature of funeral director Henry Forsyth

(b) Address Branson Mo.

19. (a) Aug 24 1944 (b) Mary Muller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1944 hour 10 minute 45 AM

21. I hereby certify that I attended the deceased from August 15, 1944, to Aug 21, 1944
that I last saw him alive on August 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 14 days

Due to arteriosclerosis

Due to _____

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131

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

28. Signature D. G. B. Helmer (M.D. or other) D.O.

Address Branson Mo Date signed Aug 23 1944

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6;

District File No. 1144-1150

Date Filed NOV 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.

Signed Winnie S. Wheelchel

Licensed Embalmer No. 2277

P. O. Address Branson 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, above space should be left blank.