

FILED JAN 16 1945

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County HOWELL  
(b) City or town WEST PLAINS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
126 W. MAIN ST.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO.  
(Specify whether years, months or days) 35 DAYS

3. (a) PRINT FULL NAME PETER JEFFERSON ALLEN

3. (b) If veteran, name war NO. 3. (c) Social Security No. ....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife MARY ELLEN ALLEN 6. (c) Age of husband or wife if alive 11 years  
7. Birth date of deceased SEPT. 11, 1860  
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business

12. Name UNKNOWN  
13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. DOROTHY KELLY

(b) Address MTN. VIEW, Mo.

17. (a) BURIAL (b) Date thereof DEC 11, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHANNON CO., Mo.

18. (a) Signature of funeral director W. H. Thompson

(b) Address WEST PLAINS, Mo.

19. (a) 12/14/44 (b) W. H. Thompson  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL  
(c) City or town MTN. VIEW  
(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 ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 9, year 1944 hour 3: minute 20 M.

21. I hereby certify that I attended the deceased from Nov. 15th, 1944, to Dec. 9th, 1944, that I last saw him alive on Dec 8th, 1944, and that death occurred on the date and hour stated above.  
Immediate cause of death myocarditis chron

Due to ✓

Due to ✓

Other conditions Coronary artery atherosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 96  
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?

(Specify type of place) (c) Means of injury 2

23. Signature W. H. Thompson (M. D. or other)  
Address West Plains, Mo. Date signed 12/14/44

RECEIVED  
District Health  
Certificate No. 5,  
Death File Number 14514  
Date Filed 1-13-45

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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 Hal Thompson

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.