

FILED MAR 9 1945
Registration District No. 33

Primary Registration District No. 3010

State File No. _____
Registrar's No. 53

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)
In this community 6 weeks

3. (a) PRINT FULL NAME Anna Caroline Allen

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 Widowed
6. (b) Name of husband or wife J. C. Allen 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased February 4, 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days hr. min.

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

10. Usual occupation house wife

11. Industry or business

MOTHER FATHER { 12. Name Anton Peter
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Phillipena Saul
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert E. Drum
(b) Address Lutesville, Missouri
17. (a) Burial (b) Date thereof 2/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slabaugh Cemetery
18. (a) Signature of funeral director Robert E. Drum
(b) Address Lutesville, Missouri
19. (a) 2-19-45 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town Lutesville
(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 Feb. day 10th. year 1945 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec. 27 1944 to Feb. 10 1945; that I last saw him alive on Feb. 10 1945; and that death occurred on the date and hour stated above.

Immediate cause of death FL. L. Hip
Due to _____
Due to _____

Other conditions Broncho-Pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations 1/10/45
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Acc.
(b) Date of occurrence 1/27/45
(c) Where did injury occur? Lutesville
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place) (e) Means of injury Fall
23. Signature Ed. Smith (M. D. or other) MD
Address Cape Girardeau Date signed 3/15/45

RECEIVED

District Health Officer No. 4

District File Number 345-346

Date Filed 3-6-45

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

Glen Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson, Missouri

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.