

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 9 1945

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 71

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:
South East Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three Weeks
(Specify whether years, months or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 103
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME George Thomas 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 Married
6. (b) Name of husband or wife Emma Allen 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July 24 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 9 year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 19th 1944 to Jan 9th 1945
that I last saw him alive on Jan 9th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of the leg -
Diabetes Mellitus.
Due to Diabetes Mellitus.
Due to

Duration
6 weeks
10 or 15
years.

8. AGE: Years Months Days If less than one day
61 5 15 hr. ✓ min.

9. Birthplace Cape County Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER
12. Name William A Allen
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Shelby
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant J. A Allen
(b) Address Parma Mo

17. (a) Burial (b) Date thereof Jan 11-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Malden cemetery

18. (a) Signature of funeral director Thomas C Knight
(b) Address Parma Mo

19. (a) 3-2-45 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

While at work?

23. Signature J. R. Schult (M. D. or other) ✓
Address Cape Girardeau, Mo Date signed 3/11/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

6
1
4

RECEIVED

District Health Officer No. 4
District File Number 345-338
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.....

Walthers Embalmer - Cape....., Registered Apprentice No.....
working under my personal supervision.

Signed Thomas C Knight.....

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.