S. No. 2
-43
-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1945

Registration District No. 3247

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 7250

Registrar's No. 23

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (1600 Block) S. Sharp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 8 mo

2. USUAL RESIDENCE OF DECEASED: 47
(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL") U
(d) Street No. S. Sharp
(If rural, give location)
(e) Citizen of foreign country? U (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RICHARD 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 Single C
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) - 10 (Day) - 1890 (Year)

8. AGE: Years 54 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Saline Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name John Allen
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name O'Neal
15. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Margaret Smith
(b) Address Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Shido Cemetery Saline Co Mo
18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) 2-21-1945 (Date received local registrar) (b) Mrs T.O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1945 hour 3 minute 15 P M.
21. I hereby certify that I attended the deceased from 2-19, 1945, to Feb. 19, 1945 that I last saw him alive on 2-19-45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Cardio Vascular renal disease	
Due to: 1 2	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O.L. Harrew MD (or other)
Address Marshall Mo Date signed 2/21/45

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 2
Date Filed 3/20/45

MAR 20 1945

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 Harry Hershberger

Licensed Embalmer No. 43-7

P. O. Address Marshall 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.

S. No. 2B
0M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Marcly

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard 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 S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 10 (Day) 1854 (Year)
8. AGE: Years 54 Months 6 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation None
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)
While at work? (e) Means of injury
Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

7252