S. No. 2
DM—2-43
v. 5-17-39
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. 33

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7299

Primary Registration District No. 6114

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Morley (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R F D Box 100 Morley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 1 month, 22 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Morley (Rural) 100
(If outside city or town limits, write "RURAL")
(d) Street No. R F D Box 100
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Imogene Allen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female | Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 1 (Day) 1945 (Year)

8. AGE: Years | Months 1 | Days 22 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER
12. Name Nellie J. Allen
13. Birthplace ? (City, town, or county) Arkansas (State or foreign country)
14. Maiden name Mable Lee Williams
15. Birthplace Hermandale, Mo. (City, town, or county) (State or foreign country)

FATHER
16. (a) Informant Mrs. Willie Mae Smith
(b) Address R.F.D. Box 100 - Morley Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/45 (Month) (Day) (Year)
(c) Place: burial or cremation McMullen Cemetery
18. (a) Signature of funeral director J. J. Sparks
(b) Address Cape Girardeau, Mo.
19. (a) Feb. 26 1945 (Date received local registrar) (b) M. Mo. Wm Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1945 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from 2-20-45 19 to 2-23-45 19;
that I last saw h alive on 2-23-45 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	
Due to	
Due to 107	
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 0

23. Signature Dr. McC Mill (M. D. or other)
Address Sikeston Mo Date signed 2-23-45

104 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 345-41
Date Filed 3/8/41

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 Frank Sparks

Licensed Embalmer No. 345-3

P. O. Address Cape Girardeau, 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.