

FILED MAY 16 1945

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 306

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town TRENTON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1422 West Center Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town TRENTON  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME AMANDA ALLEN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NINE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1945 hour 2:10 minute 15 M.

21. I hereby certify that I attended the deceased from April 23rd 1945 to April 25th 1945; that I last saw him alive on April 25th and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. M. Allen 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased 15 1945  
(Month) (Day) (Year)

Immediate cause of death Acute Coronary Thrombosis

Duration \_\_\_\_\_

8. AGE: Years 79 Months 7 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to do not know

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

Due to \_\_\_\_\_

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business Home

Major findings: Of operations A40

12. Name GRIFFIN DAVIDSON

Of autopsy \_\_\_\_\_

13. Birthplace \_\_\_\_\_ Kentucky 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Sloan

15. Birthplace \_\_\_\_\_ Kentucky 1  
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Cornwell

17. (a) Address Trenton, Mo. K30#6

18. (a) Signature of funeral director Willis Chapel Cemetery

19. (a) Address \_\_\_\_\_

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)

Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Oliver F. Duffey (Specify type of place) \_\_\_\_\_ (e) Means of injury MI-D

Address Trenton Mo. Date signed April 28th 1945

1530

RECEIVED  
District Health Officer No. 17  
District File Number  
Date Filed

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

*M. Zell*

Registered Apprentice No.

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *3424*

P. O. Address *Quetta, Pa.*

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.