FILED JUN 13 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17870

Do not use this space.

1. PLACE OF DEATH

(a) County Putnam — Registration District No. 791

(b) Township or City Powersville — Primary Registration District No. 5998 — Registered No. 79

(c) (d) Street No. ____ St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carl Schurg Allen, Life time

(a) Residence, No. ____ St. ____

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	White	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Alace May Kelso

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8th, 1860

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ____hrs. or ____min.
85	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as saw mill, bank, etc. retired Business Man

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville, Ia.

FATHER

13. NAME Pailman Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER

15. MAIDEN NAME Mary T. McCreary,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IND.

17. INFORMANT (ADDRESS) Hazel Pollock, Powersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Powersville Cem DATE May, 3, 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bear & Statton Co., Powersville, Mo.

20. FILED 5/30/ 1945 C. E. Talley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1945

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to May 4, 1945

I last saw him alive on May 3, 1945. Death is said to have occurred on the date stated above at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic poisoning due to Chronic Prostatitis	

Other contributory causes of importance: Chronic Glomerular nephritis and myocarditis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) L. H. McDonald, M. D.

(Address) Centerville Mo 5/8/45

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BOM-9-19-38 1 X16605

RECEIVED
District Health Officer No. 10
District File Number 6-45-942
Date Filed JUN 12 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, By Myself

,, Registered Apprentice No.

working under my personal supervision.

Signed Milton Leggett

Missouri Licensed Embalmer No. 2487

P. O. Address Seymour, 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, above space should be left blank.