S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24482

FILED JUL 20 1945

Registration District No. 30444 Primary Registration District No. 30444

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Elden (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 Missouri (b) County Miller

(c) City or town Elden (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 Nellie /Caroline Allen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Allen

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 26 (Day) 1892 (Year)

8. AGE: Years 53 Months 3 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Foster

13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Margarett Herzog

15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant George Allen

(b) Address Elden, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Elden Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Elden, Missouri

19. (a) 7-7-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5

year 1945 hour 5 minute 20P M.

21. I hereby certify that I attended the deceased from July, 1945 to 7-5-, 1945

that I last saw her alive on 7-5- 1945

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Arteriosclerosis	3 yrs
Due to	
Other conditions Bad B- Disease (Include pregnancy within 3 months of death)	yrs

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 E. C. Shelton (M. D. or other)

Address Elden Mo Date signed 7-7-45

1114

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Miller County Health Dep't.
Number 45-64
7-17-45

JUL 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.....

Louis D. Phillips, Registered Apprentice No.....,

working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Elden

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.