

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25325

Do not use this space.

FILED AUG 6 1945

1. PLACE OF DEATH

(a) County WarrenRegistration District No. 370(b) Township St. FrancisPrimary Registration District No. 6258Registered No. 111(c) City Rural(d) Street No. 9

(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

Martha Allen(a) Residence, No. near Clumb, Mo.

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)W

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMarion Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 3 - 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ...hrs.
or min.84427

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Hammer9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Warren Co Mo

FATHER

13. NAME

Andy Denny14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Don't know

MOTHER

15. MAIDEN NAME

Don't know16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bounds Creek CemDATE May 2 - 4519. FUNERAL DIRECTOR
(ADDRESS)National
Greenville Mo

20. FILED

May 30

1945

Irley Bennett

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 30 - 1945

22. I HEREBY CERTIFY, That I attended deceased from

March 28 -

1945, to

April 30 - 1945I last saw him alive on March 30, 1945Death is said to have occurred on the date stated above, at 11:45 p.m.

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

Broncho-PneumoniaDate of onset
3-27-45

Other contributory causes of importance:

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)

John F. Wagner

M. D.

(Address)

Greenville Mo.

AUG 7 1945

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

_____, Licensed Embalmer No. _____

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.)