

STANDARD CERTIFICATE OF DEATH

State File No. 26937
Registrar's No. 228

FILED AUG 28 1945
Registration District No. 25

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne

(c) City or town Patterson
(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 NAME Charles William Allen
FULL NAME

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: Jan. 15 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>4</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business self

12. Name John Allen

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

14. Maiden name Margaret Eads
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ottis Allen

(b) Address 2635 Wyoming St. Louis Mo.

17. (a) Burial (b) Date thereof May 28, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Lake
NEAR PATTERSON

18. (a) Signature of funeral director W. H. Fish

(b) Address W. H. Fish

19. (a) 8-23-45 (b) W. H. Fish
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1945 hour 11:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 24 1945 to May 25 1945
that I last saw him alive on May 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxiation
Due to Cardiac failure
Due to Cardio-vascular - renal disease -

Other conditions 13/10
(Include pregnancy within 3 months of death)

Duration

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature W. H. Fish (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 6-4-45

1422 (Licensed Embalmer's Statement on Reverse Side)

OCT 22 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Norman W. Gish

Licensed Embalmer No.....

3389

P. O. Address.....

Piedmont, W.

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.