

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 12 1945 STANDARD CERTIFICATE OF DEATH

State File No. 27260

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Campbell
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (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)

3. (a) PRINT FULL NAME Electa Elmira Allen3. (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 E. Allen 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Jan. 1 1876
 (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 6 If less than one day
 hr. - min. -

9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name T. A. Crawford13. Birthplace Alabama
(City, town, or county) (State or foreign country)14. Maiden name Rachel Hopkins15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant E. Allen(b) Address Campbell Mo17. (a) Buried (b) Date thereof 8-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Woodlawn18. (a) Signature of funeral director Landan Funeral Home(b) Address Campbell Mo19. (a) 8-10-1945 (b) Mrs. L. P. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
 (c) City or town Campbell Mo.
 (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 -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7
year 1945 hour - minute 12:00 AM

21. I hereby certify that I attended the deceased from Aug 5
1945 to Aug 7 1945
 that I last saw her alive on Aug 7 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration -

Due to -Due to -Other conditions -
(Include pregnancy within 3 months of death)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 W. D. Rutledge (M. D. or other)Address Campbell Mo Date signed 8/8/45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 945-3010

Date Filed 9-8-45

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

Christina M. Landers

Licensed Embalmer No.

4227

P. O. Address

Campbell, 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, fact should be so stated above.