

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27261

State File No.

FILED SEP 7 1945

Registration District No.

Primary Registration District No. 3019

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Presnell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presnell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about a week
(Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME

Tom Allen

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 Widowed
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased March 21 1899
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 21 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Robert Allen
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace —
(City, town, or county) (State or foreign country)

16. (a) Informant T. C. Allen
(b) Address Peach Orchard, Mo.
17. (a) Burial (b) Date thereof 8-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden (old cemetery)
18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell Missouri
19. (a) 8-13-45 (b) John Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Peach Orchard Rural
(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 7 day 31 year 1945 hour 10:45 minute —

21. I hereby certify that I attended the deceased from July 27, 1945 to July 31, 1945
that I last saw him alive on — and that death occurred on the date and hour stated above.
Immediate cause of death Coronary atherosclerosis

Due to Hypertensive Cardio-vascular disease.

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?

While at work? (Specify type of place) (e) Means of injury —

23. Signature G. L. Wilcox (M. D. or other) MD
Address Kennett Mo Date signed 8-10-45

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

RECEIVED
District Health Office No. 2
District File Number 745-2961
Date Filed 9-4-45

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. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, MD

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.