

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

FILED NOV 30 1945

State File No. 36522  
Registrar's No. 125

Registration District No. 10

Primary Registration District No. 3002

4  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Audrain

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 72 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

(c) City or town Mexico, 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 \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Withers Allen

3. (b) If veteran, name war no

3. (c) Social Security No. non8

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mrs. Ricta Allen

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct 1 1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Robert W. Allen

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

14. Maiden name Francis Doan

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

16. (a) Informant Mrs. R.W. Allen

(b) Address Mexico, Mo

17. (a) Burial (b) Date thereof 10-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Mexico Mo

18. (a) Signature of funeral director Charles Winfield

(b) Address Mexico, Mo

19. (a) Oct 15-1945 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13  
year 45 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 13, 1945, to Oct 13, 1945; that I last saw him alive on Oct 13, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pyelonephritis

Due to Nephritis - Secondary Arteriosclerosis

Due to \_\_\_\_\_

Duration  
7 yrs  
3 days  
10 yrs

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) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

21. While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature Harry F. O'Brien (M. D. or other)  
Address Mexico, Mo Date signed 10-15-45

1406

RECEIVED

District Health Officer No. 10

District File Number 11-45-1752

Date Filed NOV 27 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 Emmett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.