...RTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40999

Registration District No. 82 — Primary Registration District No. 3017 — Registrar's No. ~~82~~ 155

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

27 / 2

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEX VAN RAVENSWAAY HOSPITAL 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER 27
(c) City or town CLARK'S FORK (RURAL) 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? NO 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM FRANKLIN ALLEN SR.
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
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 years
7. Birth date of deceased FEBRUARY (Month) 5 (Day) - 1863 (Year)

8. AGE: Years 82 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation RETIRED MERCHANT
11. Industry or business GROCERY & MERCANTILE
FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country) 0
16. (a) Informant MRS WILBUR McFARLAND
(b) Address BOONVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/30/45 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE
18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.
19. (a) 12/29/45 (Date received local registrar) (b) Clay Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month DECEMBER day 28th year 1945 hour 6 minute a M.
21. I hereby certify that I attended the deceased from Dec 21, 1945 to Dec 28, 1945 that I last saw him alive on Dec 28, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture of left hip	7 days
Due to: fall on ice	
Due to:	
Other conditions: nephritis, uremia (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

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) 27
(b) Date of occurrence Dec 28, 1945
(c) Where did injury occur? on Main Hall (City or town) Boonville (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public street (Specify type of place)
While at work? no (e) Means of injury ice
23. Signature Allen Ravenswaay Mo (M. D. or other)
Address Boonville Mo Date signed Dec 29. 40

1637 (Licensed Embalmer's Statement on Reverse Side)

MAR 25 194[illegible]

1-9-46

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.