

FILED JAN 5 1946

Registration District No.

Primary Registration District No. **4289**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Lincoln**
(b) City or town **Hawthorn Point Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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) **30 years**

3. (a) PRINT FULL NAME **MAGGIE VIOLA ALLEN**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 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 **Aug 12 1867**
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **3** If less than one day hr. min.

9. Birthplace **Lincoln County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Horsework**

11. Industry or business

12. Name **Joseph Rush**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Allie Allen**
(b) Address **Hawthorn Point Mo.**

17. (a) **Burial** (b) Date thereof **Dec 17 45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hawthorn Point Mo**

18. (a) Signature of funeral director **Wayne Mc Coy**

(b) Address **Troy Mo**

19. (a) **12-16-1945** (b) **Mrs Emma Riddle**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lincoln**
(c) City or town **Hawthorn Point**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **15**
year **1945** hour **10:30** minute **a** M.

21. I hereby certify that I attended the deceased from **3/1/45** to **12/15/45**
that I last saw him **ee** alive on **12/15/45**
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Artery Disease

Due to **Arteriosclerosis**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **No**

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) (b) Means of injury

23. Signature **J. C. Bussch** (M. D. or other)

Address **Troy Mo** Date **12/16/45**

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.....

Wayne M. E. Boy

Licensed Embalmer No. *3584*

P. O. Address..... *Troy 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.