

FILED JAN 28 1946
Registration District No. **241**

Primary Registration District No. **5992**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Sharon Kay Allen

3. (b) If veteran,
name war **##**

3. (c) Social Security
No. **##**

4. Sex **F** /; 5. Color or
race **W**
6. (b) Name of husband or wife **##**

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

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

7. Birth date of deceased **Nov: 28 1945**
(Month) (Day) (Year)

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

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

10. Usual occupation **###**

11. Industry or business **###**

12. Name **Zora Allen**

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

14. Maiden name **Ruth Crawford**

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

16. (a) Informant **Zora Allen**

(b) Address **Lincoln Ave**

17. (a) **Burial** (b) Date thereof **Dec. 22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St John Cem**

18. (a) Signature of funeral director **Husted & Son**

(b) Address **Unionville Mo**

19. (a) **12-31-45** (b) **Marvell Durbin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Putnam** **86**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Cincinnati Ave**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **21**
year **1945** hour **12.30** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov 28**
1945 to **December 21, 1945**
that I last saw her alive on **Dec 20** **1945**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Atelectasis
Difficult resuscitation
Due to **Possible aspiration**
pneumonia
Due to

Duration

230m

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 sta-
tistically.

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 **E. Larsen** (M. D. or other)
Address **24 E State** Date signed **Dec 21 45**

RECEIVED

District Health Officer No. 10

District File Number 1-46-13

Date Filed JAN-24-1946

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.....

J. D. Hester

Licensed Embalmer No. 2975

P. O. Address Unionville 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.