

**FILED** MAR 27 1946  
294

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Moberly  
(c) Name of hospital or institution:  
McCormick Hospital  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(d) Street No. 531 1/2 W. Reed St.  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME Fred E. Allen  
3. (b) If veteran, name war.....  
3. (c) Social Security No. 491-07-2717

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 13<sup>th</sup>  
year 1946 hour 1 minute 40 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Thelma  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Aug 25<sup>th</sup> 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 24 1946, to Feb. 13 1946;  
that I last saw him alive on Feb. 13 1946;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
48 5 18 hr. min.

Immediate cause of death lobar pneumonia  
Due to.....  
Due to.....  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations 108  
Of autopsy.....

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

10. Usual occupation Shoe worker

11. Industry or business Brown Shoe Co

12. Name Ben Allen

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

14. Maiden name Grace Reigel

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

16. (a) Informant Mrs. Thelma Allen

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof 2-15<sup>th</sup> 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahon and Son  
(b) Address Moberly, Mo

19. (a) 2-15-46 (b) Leah Williams  
(Date received local registrar) (Registrar's signature)

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?.....  
(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 2  
23. Signature E. T. White (M.D. or other)  
Address Moberly, Mo Date signed 2-14-46

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

269

RECEIVED

District Health Officer No. 10

District File Number 3-46-597

Date Filed MAR-1-9-1946

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.....

*Frank D. DeWitt*

Licensed Embalmer No. 3021

P. O. Address.....

*Moberly, 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.**