

DEPARTMENT OF COMMERCE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAR 27 1946 **STANDARD CERTIFICATE OF DEATH**

10468

Registration District No. 294 Primary Registration District No. 6-10-6 4437 State File No. _____ Registrar's No. 32

1. PLACE OF DEATH Randolph
(a) County Randolph
(b) City or town Cairo
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 37 years
years, months or days)

3. (a) PRINT FULL NAME JOHN PEARL ALLEN
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 Married
6. (b) Name of husband or wife Katherine Allen 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February-9-1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 0 If less than one day
hr. _____ min. _____

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

10. Usual occupation Physician

11. Industry or business _____

12. Name Frank W. Allen
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mathie Pearl
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. P. Allen
(b) Address Cairo Mo.

17. (a) Burial (b) Date thereof Feb-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Logan Grove Cemetery Callao Mo.

18. (a) Signature of funeral director Edward J. Williams
(b) Address Moberly Mo.

19. (a) 2-10-46 (b) Edward J. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Cairo
(If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 9th
year 1946 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 8, 1946, to Feb 9, 1946;
that I last saw him alive on Feb 9, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the lung Duration 1 year

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 W. H. McCormick D.O. (M. D. or other) _____

Address 320 1/2 Reed St. Moberly Mo. Date signed 2-10-46

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

MAR 13 1946

RECEIVED

District Health Officer No. 10

District File Number 3-46-593

Date Filed MAR 19 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.....

R. M. Carter

Licensed Embalmer No.....

4117

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.