

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 10 1946

Registration District No.

Primary Registration District No.

3071

Registrar's No.

1. PLACE OF DEATH

(a) County Saline Co
(b) City or town Slater 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 7 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Attie Loper Allen

3. (b) If veteran, name war: _____

3. (c) Social Security No. ✓

5. Color of Female White

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

6. (b) Name of husband Ly Allen

6. (c) Age of husband 75 years alive

7. Birth date of deceased July 10 1869 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 10 If less than one day hr. min.

9. Birthplace near Slater, Saline Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Henry Jefferson Allen

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

14. Maiden name Attie Loper

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

16. (a) Informant Attie Loper

(b) Address Slater Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Slater City Cemetery

18. (a) Signature of funeral director James Loper

(b) Address Slater Mo

19. (a) Mar 26 1946 (Date received local registrar) (b) Mrs. Earl C. Mitz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline Co
(c) City or town Slater Mo (If outside city or town limits, write "RURAL")
(d) Street No. 423 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20 year 1946 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from March 1946 to March 20 1946
that I last saw her alive on March 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia Duration 2 wks
Due to Influenza 3 wks
Due to Chronic Arteritis 10 yrs
Marked emaciation 5 yrs
Other conditions (Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 330
Of autopsy: 330

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)
(e) Means of injury _____

23. Signature W. C. Burney (City or town) (County) (State)
Address Slater Mo Date signed 3/22/46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 4-9-46

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.....

Licensed Embalmer No. 3143

P. O. Address.....

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.