

FILED MAY 9 1946
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 357

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1009 N. Broadway /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1009 N. Broadway 6
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella Allen

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife F.B. Allen

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

7. Birth date of deceased: March 29, 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 26
If less than one day hr. _____ min.

9. Birthplace: Dade County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Johnathan H. Glenn

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

14. Maiden name Frances Crowell

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

16. (a) Informant Mrs. John C. Hall

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 4/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dadeville, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-27-46 (b) H. W. Handy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1946 hour 10:00 minute a. M.

21. I hereby certify that I attended the deceased from 19 April 1946 to 25 April 1946
that I last saw her alive on 23 April 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 2.48
Arteriosclerosis, Generalized Senility 15.34
Due to _____
Due to _____
Other conditions: Hypertension 10 yrs.
(Include pregnancy within months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
gfw
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?
(Specify type of place)

While at work? _____ (c) Means of injury ✓

23. Signature [Signature] (M. D. or other) 0
Address 4501 1/2 Corn Date signed 4-25-46
Spfld, Mo.

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

39
2
11781

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.....

Roy H. Mercer Jr.

Registered Apprentice No. 380

working under my personal supervision.

Signed.....

Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address. Springfield, 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.

Y