

FILED

APR 22 1946

STANDARD CERTIFICATE OF DEATH

State File No.

15409
15407

Registration District No.

337

Primary Registration District No.

4496-6139

Registrar's No.

26

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbyville - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether
In this community Life years, months or days)

3. (a) PRINT
FULL NAMEHENRY SHEETZ ALLEN3. (b) If veteran,
name war L3. (c) Social Security
No. L

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if
alive - years
7. Birth date of deceased Feb - 13 - 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 ✓ 20 ✓ hr. ✓ min.

9. Birthplace Shelbyville Mo.
(City, town, or county) (State or foreign country)10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name Thomas Emerson Allen
13. Birthplace Hampshire Co West Va
(City, town, or county) (State or foreign country)
14. Maiden name Sallie Elizabeth Allen
15. Birthplace Shelbyville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. W. Chanoweth
(b) Address Mc Cracken, Kansas17. (a) Burial (b) Date thereof Mar - 4 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)18. (a) Signature of funeral director E. P. Thompson
(b) Address Shelbyville Mo.19. (a) Mar 11 - 46 (b) Ruth Joyner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar - day 3
year 1946 hour 2:00 minute A M.21. I hereby certify that I attended the deceased from
Feb. 22 - 1946 to March 3, 1946
that I last saw him alive on March 2 - 1946
and that death occurred on the date and hour stated above.Immediate cause of death Undetermined
He died of an acute pulmonary
infection the exact nature of which
I could not determine
Due to -Due to -Other conditions An Abdominal Maligency
(Include pregnancy within 3 months of death)Major findings: He had been in failing health 1 yr or moreOf operations - PHYSICIAN
Of autopsy -
Underline the cause to which death should be charged statistically.ADDITIONAL:
SUPPLEMENTARY
INFORMATION
REQUIRED

22. If death was due to external causes, list 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 R. C. Archer (M. D. or -)
Address Shelbyville Mo. Date signed 3-7-46

RECEIVED

Health Officer No. 10

4-46-792

APR 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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. P. Thompson*.....

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville, T*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

May

Registration District No. 237

Primary Registration District No. 6139

Registrar's No.

260

1. PLACE OF DEATH:

- (a) County Shelby
(b) City or town Rural
(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 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Henry S. Allen

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased Feb - 13 (Month) (Day) (Year)

8. AGE: Years 12 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

- (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

- (a) Signature of funeral director

- (b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

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

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death

Duration

I believe there is no doubt the malignant was due to cancer. Probably primary cancer of the pyloric end of stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 P. C. Archer (M. D. or other)

- Address Shelbyville, Mo. Date signed

15407