

FILED JUN 10 1946

STANDARD CERTIFICATE OF DEATH

State File No.

15945

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

161

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **6 days** (Specify whether years, months or days)
In this community **6 days**

3. (a) PRINT FULL NAME

Sallie Lee Allen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Female** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **7** years (Day) (Year)
7. Birth date of deceased **aug 7 1885** (Month) (Day) (Year)

8. AGE: Years **60** Months **8** Days **19** If less than one day hr. min

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **R. P. King**
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Chlo Allen**
(b) Address **Cape Girardeau, Mo.**

17. (a) **Burial** (b) Date thereof **4-29-46** (Month) (Day) (Year)
(c) Place: burial or cremation **Little prairie**

18. (a) Signature of funeral director **La Grange Bur. Co.**
(b) Address **Cape Girardeau, Mo.**

19. (a) **5-10-46** (b) **G. C. Summers** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **peunot 78**
(c) City or town **Cook** (If outside city or town limits, write "RURAL")
(d) Street No. **St** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26** year **1946** hour **3** minute **as p.m.**

21. I hereby certify that I attended the deceased from **April 20 1946** to **April 26 1946** that I last saw her alive on **April 26 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach** Duration **1 yr**

Due to

Due to

Other conditions **46K** (Include pregnancy within 3 months of death)

Major findings: Of operations **No operation**

Of autopsy **Carcinoma of stomach with metastasis**

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 **R. G. Ritter** (M. D. or other)
Address **Cape Girardeau, Mo.** Date signed **5-9-46**

44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Death Record Number No. 4
County File Number 646-2127
Date Filed 6-6-46

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 Nash C. Dean

Licensed Embalmer No. 3941

P. O. Address Cynthiana, 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.