

Registration District No. **251**

Primary Registration District No. **3048**

Registrar's No. **112**

1. PLACE OF DEATH:

(a) County **Madison**
 (b) City or town **Marionville**
 (c) Name of hospital or institution: **St. Francis Hosp.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **23 days**
 (Specify whether years, months or days)
 In this community **23 days**

3. (a) PRINT FULL NAME **NOVA M^c DONALD ALLEN**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Katherine** (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **May 10 1887**
 (Month) (Day) (Year)

8. AGE: Years **64** Months **1** Days **25**
 If less than one day hr. min.

9. Birthplace **L. Sullivan Co. Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **B. W. Allen**

18. Birthplace **Sullivan Co. Mo.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Madelle Overstreet**
 15. Birthplace **Sullivan Co. Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Neel Ziepper**

(b) Address **Bedmore, Mo.**

17. (a) **Removal + Burial** (b) Date thereof **July 21 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge, Fairfield**

18. (a) Signature of funeral director **Marvin T. Schaefer**

(b) Address **Fairfax, Missouri**

19. (a) **July 12 - 46** (b) **Bess Holt**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Atchison**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4 3/4 Mi. West of Paris, Mo.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**
 year **1946** hour **6** minute **05** P.M.

21. I hereby certify that I attended the deceased from **July 3**
1, 1946 to **July 5**, 1946
 that I last saw him alive on **July 5**, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death **Presenile Thrombosis** Duration **1 day**
 Due to **Acute appendicitis** **3 wks**

Due to
 Other conditions (include pregnancy within 3 months of death) **perit.**

Major findings: Of operations **Acute peritonitis**
appendicitis
 Of autopsy
 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 **F. H. Blomer** (M. Doctor)
 Address **Marionville, Mo.** Date signed **7-9-46**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Marvin H. Schaefer*

Licensed Embalmer No. *4167*

P. O. Address *Fairfax, 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, above space should be left blank.