S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26604

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 66

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

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

(d) Street No. 420 N. Main 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME PAULINA HARRIS ALLEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rollie D. Allen

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug. (Month) 8 (Day) 1880 (Year)

8. AGE: Years 66 Months 0 Days 23 If less than one day ___ hr. ___ min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name G. W. Harris
13. Birthplace Glasgow (City, town, or county) Mo. (State or foreign country) 1

MOTHER
14. Maiden name Belle A. Cannady
15. Birthplace Liberty (City, town, or county) Mo. (State or foreign country) 1

16. (a) Informant Rollie D. Allen
(b) Address 420 N. Main Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview, Liberty Mo

18. (a) Signature of funeral director Clinch-Archer Co
(b) Address Liberty Mo

19. (a) Sept 2. 1946 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from April, 1940, to Aug 31, 1946; that I last saw her alive on Aug 27, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia	1 wk
Due to Hypertension	Indef
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 83d	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Glenn W. Hendrix (M. D. or other) MD

Address Liberty, Mo Date signed 9-2-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. [illegible]
District File Number
Date Filed 9-14-46

APR 2 1947

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.