

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27816

Registrar's No. 29

FILED AUG 29 1946

Registration District No.

Primary Registration District No. 4339

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. WASHINGTON ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 44 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. S. WASHINGTON ST.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

WILMA ANITA ALLEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife: CHARLES ALLEN 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: MAY 4, 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace: MADEIRA ILL 1
(City, town, or county) (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business _____

MOTHER, FATHER { 12. Name WM MORRIS
13. Birthplace ILL 1
(City, town, or county) (State or foreign country)
14. Maiden name CLARA DENNIS
15. Birthplace ILL 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Margna Ruth Allen
(b) Address: Paris, Mo.

17. (a) BURIAL (b) Date thereof 8-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE, PARIS.

18. (a) Signature of funeral director: Spicer & Blakely
(b) Address: Paris, Mo.

19. (a) 8-4-46 (b) Albert Baker m
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1946 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from Aug 3 1946 to Aug 30 1946
that I last saw h.e.r. alive on Aug 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis Duration 30 min

Due to _____
Due to _____

Other conditions: _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
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)
(a) Means of injury _____
23. Signature: Geo M. Seppala D. O. _____
Address: PARIS, MO. Date signed: 8-4-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9
2
0
26004

RECEIVED
District Health Officer No. 10
District File Number 8-10-1532
Date Filed AUG 14 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, ~~by~~

Registered Apprentice No.

working under my personal supervision.

Signed *Edmond H. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.