7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33008

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 490

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs (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 years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar 20

(c) City or town El Dorado Springs (If outside city or town limits, write "RURAL") 1

(d) Street No. 102 W Broadway (If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME William W. Allen

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife —

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

7. Birth date of deceased Nov. (Month) 22 (Day) 1866 (Year)

8. AGE: Years 79 Months 11 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business .....

MOTHER FATHER

12. Name James Allen 9

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

14. Maiden name Unknown

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

16. (a) Informant Ethel Vance

(b) Address Danville, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Knobnoster, Mo.

18. (a) Signature of funeral director Swinn-Carothers

(b) Address El Dorado Springs, Mo

19. (a) 11/2/46 (Date received local registrar) (b) J. R. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from October 29, 1946 to October 31, 1946 that I last saw him alive on October 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease. — Duration 9

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) (e) Means of injury —

23. Signature J. R. Williams (M. D. or other)

Address El Dorado Springs Date signed 11-1-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-46-2038
Date Filed 11-6-46

NOV 8 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed M D Gwinn

Licensed Embalmer No. 2034

P. O. Address Edwards Springs, 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.