

S. No. 2
M-5-43
r. 5-17-39
P I X36671

State File No.

FILED MAR 21 1947

Registration District No. 251947

Primary Registration District No. 4385

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Koshkonong
(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 4 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Napoleon Bonoparte Allen

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 27 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 5 18 hr. min.

9. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Sheldon Allen

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

{ 14. Maiden name Unknown

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

16. (a) Informant Will Allen

(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof 12/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Cem

18. (a) Signature of funeral director Edith Cross

(b) Address Thayer, Mo.

19. (a) Mar. 5, 1947 (b) Edith Cross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1946 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 10
1946 to Dec 15 1946
that I last saw h alive on Dec 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Senility

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 707

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 fall

23. Signature W. C. Cooper M.D. (M. D. or other)

Address Thayer, Mo Date signed 1-20-47

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

42599

RE

Dis

No 5,

District No. 347131

Date Filed 3-14-47

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.....

Licensed Embalmer No.....

P. O. Address:.....

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.