

FILED APR 8 1947

Registration District No. 54

Primary Registration District No. 4098

Registrar's No. 54

1. PLACE OF DEATH:

(a) County CASS  
(b) City or town BELTON  
(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) 2 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CASS  
(c) City or town BELTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. /  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME ELIZABETH DAVEY ALLEN

3. (b) If veteran, name war V  
3. (c) Social Security No. /

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife WALTER S. ALLEN  
6. (c) Age of husband or wife if alive 23 years (Day) (Year) 1869

8. AGE: Years 77 Months 10 Days 7  
If less than one day hr. min.

9. Birthplace PLEASANT HILL MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name ALLEN J. OVERTON  
13. Birthplace VA.  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH DAVEY  
15. Birthplace KY.  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. FRANK HARRELSON  
(b) Address BELTON MO.

17. (a) BURIAL (b) Date thereof APR 2, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT HILL, MO.

18. (a) Signature of funeral director E. N. George & Sons

(b) Address BELTON MO.

19. (a) April 2-1947 (b) Laura J. Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30  
year 1947 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 1945, 1945, to MAR 30, 1947  
that I last saw her alive on MAR 30, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Essential Hypertension  
Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 10 P

Major findings: Of operations .....

Of autopsy .....

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 2

23. Signature Estelade M. Lee (M. D. or other) MD

Address BELTON, MO. Date signed 4/1/47

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

19

JUN 9 1947

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**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..... *A. K. George* .....

Licensed Embalmer No. *3645* .....

P. O. Address. *Seaside, Ind* .....

**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.**