

Register's District No. 2 APR 8/1947

Primary Registration District No. 4107

Registrar's No. 16

1. PLACE OF DEATH

(a) County Bedar
(b) City or town Edwards Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____ years, months or days)

3. (a) PRINT FULL NAME SILAS E ALLEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color of race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Arvilla Belle Allen 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Aug 2 1886 (Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 4 If less than one day. hr. _____ min. _____

9. Birthplace St Clair Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Eurom M Allen

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

14. Maiden name Mary E Tucker

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

16. (a) Informant Mrs Belle Allen

(b) Address 305 W. Nighthower, Edwards Springs Mo

17. (a) Burial (b) Date thereof 3-8-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Cemetery Park B. Mo

18. (a) Signature of funeral director Guinn Carothers

(b) Address Edwards Springs Mo

19. (a) 3/7/47 (b) F. C. Brannon (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bedar
(c) City or town Edwards Springs (If outside city or town limits, write "RURAL")
(d) Street No. 305 W Nighthower (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1947 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from 5-4-47 to 5-5-47, 1947
that I last saw him alive on 5-5-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Duration _____
Severe Hemorrhage

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) _____

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) _____

(e) Means of injury _____

23. Signature J. C. Brannon (M. D. _____)

Address Edwards Springs Mo Date signed 3-7-47

RECEIVED
District Health Officer No. 71
District File Number - 3-47-410
Date Filed 4-8-47

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. 4419

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.