

FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9853

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 14

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town RURAL BEDFORD TWP.
(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)

In this community LIFE
years, months or days

3. (a) PRINT FULL NAME HANNAH ELIZABETH ALLEN

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN ALLEN

6. (c) Age of husband or wife if alive 1863

7. Birth date of deceased MAY 12 1904
(Month) (Day) (Year)

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

85 10 26 hr. min.

9. Birthplace LINCOLN Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name JOSEPH RUSH

13. Birthplace LINCOLN Co. MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name VIRGINIA MORRIS

15. Birthplace LINCOLN Co. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant BURTON ALLEN

(b) Address TROY, MISSOURI

17. (a) BUTIAL (b) Date thereof MAR. 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY, CEM. TROY, MO.

18. (a) Signature of funeral director Kemper Funeral Home

(b) Address Troy, Missouri

19. (a) 3-14-47 (b) Emma B. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LINCOLN

(c) City or town RURAL BEDFORD TWP.
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8
year 1947 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 1945
to 3/8 1947
that I last saw her alive on 3/8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Jo. R. Riddle (M. D. or other)

Address Troy, Mo Date signed

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-19-47

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.....

Joseph J. March

Licensed Embalmer No. 3932

P. O. Address *Tray, 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.