

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10212

Registration District No. 212

Primary Registration District No. 1899

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Permisat
(b) City or town Coates
(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 12 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Moses Allen

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

4. Sex M 5. Color or race Cal 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 (Month) (Day) (Year)

8. AGE: abt 58 Years Months Days If less than one day 0 min.

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

10. Usual occupation Retired

11. Industry or business

12. Name unknown

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

14. Maiden name

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

16. (a) Informant Nathaniel Napper

(b) Address Caruthersville, Mo

17. (a) Buried (b) Date thereof 2-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley Grove

18. (c) Signature of funeral director Steele

(b) Address 1214

19. (a) 249 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Permisat
(c) City or town Coates
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1947 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Nov 1, 1947 to Feb 1, 1947
that I last saw him alive on Feb 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia

Due to Syphilis

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (c) Means of injury 2

23. Signature Steele (M. D. or other) 20

Address Steele Date signed 4/1/47

(Licensed Embalmer's Statement on Reverse Side)

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

4-47-125.

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.....

John H. German

Licensed Embalmer No. *4355*

P. O. Address *Hayti Mo Bn 424*

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.