

S. No. 2  
-12-45  
5-17-39  
P. I. X47070

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS  
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12927

State File No. \_\_\_\_\_

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 47

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
REAR OF SIXTH STREET  
(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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27

(c) City or town BOONVILLE 1  
(If outside city or town limits, write "RURAL")

(d) Street No. REAR OF SIXTH ST. 2  
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD ALLEN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 2

5. Color or race NEGRO

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

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

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased DECEMBER 4 - 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>3</u>	<u>14</u>	hr. min.

9. Birthplace COOPER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business DAY WORK

12. Name UNKNOWN

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 WINIFRED ALLEN

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof 3/25/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE, MO.

19. (a) 3-26-47 (b) De Hooper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18th  
year 1947 hour 5:30 minute a M.

21. I hereby certify that I attended the deceased from March 8, 1947 to March 18, 1947  
that I last saw him alive on mar. 17, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration a few hours

Due to arteriosclerosis of the coronary arteries

Due to old age, hypertension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none at all PHYSICIAN

Of operations \_\_\_\_\_

Of autopsy none

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) \_\_\_\_\_

(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? 0

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Richard De Hooper (M. D. or other) MD

Address Boonville, Mo. Date signed 3-25-47

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

MOTHER FATHER

581

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-11-47

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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.....

HARRY E. MONROE

Registered Apprentice No. 485

working under my personal supervision.

Signed.....

*James W. Segner*

Licensed Embalmer No. 3780

P. O. Address BOONVILLE, Mo.

**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.