

FILED APR 28 1947

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 35

1. PLACE OF DEATH:

- (a) County Gentry - Athens Township
(b) City or town Albany R.R. #1
(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 41 yrs.
years, months or days)

3. (a) PRINT FULL NAME Eva Jane Allen

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

4. Sex Female 5. Color or race Cauc. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife J.W. Allen. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. July 7 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 23 hr. min.

9. Birthplace Mt. Pleasant Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housework
Same

11. Industry or business

12. Name Wm. H. Clevenger

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

14. Maiden name Hannah L. Clase

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

16. (a) Informant Straussie Jennings

- (b) Address King City Mo.

17. (a) Burial (b) Date thereof April 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. B. Taggart

- (b) Address King City Mo.

- April 14-1947 (b) Harvey W. Webster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Gentry
(c) City or town Albany R.R. #1 - Athens Township
(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 April day 4
year 1947 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 15, 1947 to April 2 - 1947
that I last saw her alive on 4-12-1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of liver and intestines

Due to _____

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) (e) Means of injury _____

23. Signature E. I. Pray (M. D. or other) a

Address Albany, Mo. Date signed 4-12-47

JAN 22 1958

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 R. G. Taggart
Licensed Embalmer No. 2563
P. O. Address King City 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.