S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1947

Registration District No. 19

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5667

State File No. 14058

Registrar's No. 36

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

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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57

(c) City or town RURAL, BEDFORD TWP. 0 (If outside city or town limits, write "RURAL")

(d) Street No. 3 (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME WILLIAM E. ALLEN

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex MALE

5. Color or race WHITE

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 April (Month) 16 (Day) 1882 (Year)

8. AGE: Years 65 | Months 0 | Days 8 | If less than one day ____ hr. ____ min.

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

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name JOHN JAMES ALLEN
13. Birthplace ST LOUIS CO. (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name HANNAH RUSH
15. Birthplace LINCOLN CO. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS PATSY STANEK (SISTER)
(b) Address TROY MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation TROY, MISSOURI

18. (a) Signature of funeral director MEMPHIS FUNERAL HOME
(b) Address TROY, MISSOURI

19. (a) 5-8-1947 (Date received local registrar) (b) MO. EMMA B. RIDDLE (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1947 hour 7:00 minute A.M.

21. I hereby certify that I attended the deceased from April 21, 1947, to April 24, 1947; that I last saw him alive on April 24, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CORONARY THROMBOSIS	
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) ____
(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, public place? (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature DR. V. E. ALLRED (M. D. or other) DO.
Address TROY, MO. Date signed 4/24/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed _____

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. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, 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.