

FILED MAY 5 1947

Registration District No. 4-515-201

Primary Registration District No. 201 4315

1. PLACE OF DEATH:

(a) County Macon
(b) City or town La Plata
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61
(c) City or town La Plata Mo 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann Allen

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Wm Allen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 29 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 7 7 hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Brooks Robinson

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

14. Maiden name Sarah Miller

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

16. (a) Informant Mrs H. P. Brass

(b) Address La Plata Mo (ap)

17. (a) Burial (b) Date thereof Mar 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmer

18. (a) Signature of funeral director J. H. McCallum
South Gifford Mo

(b) Address _____

19. (a) Apr 17 1947 (b) Mrs O B Griffin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1947 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Mar 20 1947 to Apr 5 1947 that I last saw him alive on Apr 4 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 7

Major findings: Of operations 10
Of autopsy _____

Duration
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, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature C. H. Pieschke (M. D. or other) _____

Address La Plata Mo Date signed 4-7-47

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

RECEIVED
District Health Officer No. 1
District File Number 5747-76
Date filed MAY - 2 1947

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

W. H. G. Collins

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.