

FILED APR 28 1947

Registration District No. 247

Primary Registration District No. 4366

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Granby, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 68yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Granby, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME George Thomas Allen

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Allen 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 6 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 23 hr. min.

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

10. Usual occupation Retired business Man

11. Industry or business _____

12. Name David Allen
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Charles L. Allen
(b) Address Granby, Mo.

17. (a) Burial (b) Date thereof 3-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby Cem.

18. (a) Signature of funeral director Wm. Marshall

(b) Address Granby, Mo.

19. (a) 4-9-47 (b) M. L. Young
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1947 hour 4 minutes P. M.

21. I hereby certify that I attended the deceased from March 15 1947 to March 29 1947
that I last saw her alive on March 29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Due to _____
Due to _____

Other conditions file
(Include pregnancy within 3 months of death)
Major findings: 950
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 0
23. Signature Dr. Allen (M. D. or other)
Address Granby Mo Date signed 4.5.47

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

MOTHER FATHER

MAY 28 1947

RECEIVED

District Health Officer No. Newton
District File Number 447-80
Date Filed 4-25-47

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 Wm Morris Payne

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.