

FILED AUG 7 1947

Registration District No. _____

Primary Registration District No. **6005**

Registrar's No. **6-A**

1. PLACE OF DEATH:

(a) County **Rails,**
(b) City or town **Spencer Township,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 Miles S.E. of New London, Mo.
(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 **Audrain.**
(c) City or town **Laddonia, Missouri.**
(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 _____

3. (a) PRINT FULL NAME **Albert W. Allen.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **489-10-912**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

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

7. Birth date of deceased **Nov. 2, 1881.**
(Month) (Day) (Year)

8. AGE: Years **65** Months **6** Days **23** If less than one day hr. _____ min. _____

9. Birthplace **Unknown** **England.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Telephone Lineman**

11. Industry or business **Telephone Company.**

12. Name **Albert W. Allen.**

13. Birthplace **Unknown** **England.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Albert Allen**

(b) Address **Laddonia, Mo.**

17. (a) **Burial** (b) Date thereof. **5-29-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laddonia, Missouri.**

18. (a) Signature of funeral director **Clyde Wilby**

(b) Address **Laddonia, Missouri**

19. (a) **July 30, 47** (b) **J. J. Waters**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May,** day **25th,**
year **1947** hour **11:11** minute **A. M.**

21. I hereby certify that I attended the deceased from **No Medical Attention.** 19____

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Died while walking from car to river. Death due to heart attack, probably due to cardiac failure.**
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, in public place? _____

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

23. Signature **Clyde Wilby** (M.D.)
per J. J. Waters
Address **Laddonia, Missouri.** Date signed **5/29/47**

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

MOTHER FATHER

MAR 14 1957

RECEIVED
District Health Officer No. 10
District File Number 8-47-1062
Date Filed AUG - 6 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 _____

John J. Ellis, Registered Apprentice No. *494*
working under my personal supervision.

Signed _____

Licensed Embalmer No. *3820*

P. O. Address *Permy Ave*

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.