

S. No. 2  
M-5-43  
7. 5-17-39  
> I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 15 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26919**  
Registrar's No. **1076**

Registration District No. **42** Primary Registration District No. **5130**

**1. PLACE OF DEATH:**  
(a) County **BUCHANAN**  
(b) City or town **RUSHVILLE RURAL**  
(c) Name of hospital or institution: **R.F.D. NO. 2**  
(d) Length of stay: **78 YEARS**  
In this community **78 YEARS**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **MISSOURI** (b) County **BUCHANAN**  
(c) City or town **RUSHVILLE RURAL**  
(d) Street No. **R.F.D. NO. 2**  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** **ELNORA JANE 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** **WIDOWED**  
**6. (b) Name of husband or wife** **WILLIAM ALLEN** **6. (c) Age of husband or wife if alive** **years**  
**7. Birth date of deceased** **FEB. 11 - 1868**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **SEPT.** day **4** year **1947** hour **2** minute **00 P.M.**  
**21. I hereby certify that I attended the deceased from** **Aug 12** 19 **47** to **Sept 4** 19 **47**  
that I last saw her alive on **Aug 29** 19 **47** and that death occurred on the date and hour stated above.  
Immediate cause of death **Coronary Occlusion**

**8. AGE:** Years **79** Months **6** Days **24** If less than one day hr. min.

Due to **Hypertension** **2-3 yrs.**

**9. Birthplace** **NEWMAN ILL.**  
**10. Usual occupation** **AT HOME**

Other conditions **1 yr.**  
Major findings: **94A**  
Of operations: **PHYSICIAN**  
Of autopsy: **Underline the cause to which death should be charged statistically.**

**MOTHER FATHER**  
**11. Industry or business**  
**12. Name** **THOMAS HAZEL**  
**13. Birthplace** **RICHMOND VA.**  
**14. Maiden name** **LYDIA KENNY**  
**15. Birthplace** **UNKNOWN ILL.**

**16. (a) Informant** **OTIS ALLEN**  
**(b) Address** **RUSHVILLE, MO.**

**17. (a) REMOVAL** **(b) Date thereof** **9-6-47**  
**(c) Place: burial or cremation** **MT. VERNON CEMETERY ATCHISON, KAN.**

**18. (a) Signature of funeral director** **Wm. S. Stanton**  
**(b) Address** **ATCHISON, KAN.**  
**19. (a) 9-9-47** **(b) H. K. Jenkins**

**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?**

**23. Signature** **Chas. S. Parady** **(M. D. or other)** **Professional Bldg.**  
**Address** **Atchison, Kans.** **Date signed** **9/5/47**

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

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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 Stanton Jr*

Licensed Embalmer No.....

*3778*

P. O. Address.....

*Atchison Kan*

**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.**