

FILED SEP 30 1947

Registration District No. 277

Primary Registration District No. 5088

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural Hudson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 mi S-E. Appleton City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Appleton City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Hudson Twp
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Henry Allen

3. (b) If veteran _____ name war Spanish American 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Maud May Hursley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 10 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name David H. Allen

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

14. Maiden name Hannah Norman

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

16. (a) Informant Maud M. Allen

(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof 29 24 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City cem

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) Sept 27 1947 (b) Mrs. Wilber Steiner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 6 June
1947 to 22 September 1947;
that I last saw him alive on 21 Sept 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion Duration _____

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 Ed Mourse (M. D. or other) _____
Address Appleton City, Mo Date signed 22 Sept 1947

NOV 6 1947

RECEIVED
DENTAL BOARD OF MISSOURI
DATE FILED 9-29-47
8-47-1147

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 on the 22 day of Sept 1947, Registered Apprentice No. _____, working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.