S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31649

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 38

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Valle Mines (Valle) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 Mi North of Valle Mines (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson 50
(c) City or town Valle Mines (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 EDWARD ARTHU ALLEN

3. (b) If veteran, name war NONE
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Maude Allen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years about 54 Months Days If less than one day hr. min.

9. Birthplace Wayne Co. (City, town or county) Mo. (State or foreign country)
10. Usual occupation Glassworker
11. Industry or business

FATHER
12. Name John Allen
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Paul Allen
(b) Address Crystal City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Pittman Mo.
18. (a) Signature of funeral director Norman W. Gish
(b) Address Piedmont Mo.
19. (a) 9/22/47 (Date received local registrar) (b) Marie Farris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept — day 12th year 1947 hour — minute — M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____ 19__ and that death occurred on the date and hour stated above.

Immediate cause of death Verdict of Jury By Accident — Caused by the truck that was unloading a van of the door backing over him injuring him internally — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

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) Accident
(b) Date of occurrence 9/12/47
(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? (Specify type of place)
While at work? Yes (e) Means of injury Truck

23. Signature T. B. Edwards (M. D. or other) Coroner
Address Cedar Hill, Mo. Date signed 9/12/47

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-30-72
Date Filed .....

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 Arnold B Stutts

Licensed Embalmer No. 7104

P. O. Address Dexter 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.