S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31732

Registration District No. 1

Primary Registration District No. 5769

Registrar's No. 49

1. PLACE OF DEATH:
(a) County LINCOLN
(b) City or town HAWK POINT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 LINCOLN
(c) City or town HAWK POINT
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PRICE PEARL ALLEN

3. (b) If veteran, name war
3. (c) Social Security No. 489-26-7714

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GERTRUDE ALLEN
6. (c) Age of husband or wife if alive years

7. Birth date of deceased JULY (Month) 24 (Day) 1884 (Year)

8. AGE: Years 63 Months 1 Days 9 If less than one day hr. min.

9. Birthplace HAWK POINT (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation MAIL CARRIER

11. Industry or business GOVT.

FATHER
12. Name WILLIAM ALLEN
13. Birthplace HAWK POINT (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MAGGIE VIOLA RUSH
15. Birthplace HAWK POINT (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant GERTRUDE ALLEN
(b) Address HAWK POINT, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 6. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation HAWK POINT, MO

18. (a) Signature of funeral director Kemper Funeral Home
(b) Address Troy, Mo.

19. (a) Sept 15th 47 (Date received local registrar) (b) Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 3 year 1947 hour 9 minute 10 P M.

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

	Duration
Immediate cause of death Cerebral hemorrhage Death occurred before I saw the patient. As County Deputy Death	
Due to Commissioner There was no evidence of unlawful or suspicious	
Due to means of death that I could find after investigation	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN
Of autopsy	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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. G. Hoeger (M. D. or other) M.D.
Address Whiteside, Mo. Date signed 9-3-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.