—1/47
5-17-39

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

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FEDERAL WELFARE AGENCY
National Office of Vital Statistics

FILED OCT 1 1947

Registration District No. 292

MISSOURI BUREAU OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 85145

Primary Registration District No. 6001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Ralls
(b) City or town: Rural Saline Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Huntington; Mo Rl
(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: 82 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ralls 87
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Huntington; Mo R.1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edward Allen
3. (b) If veteran, name war: ✓
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: August (Month) 4 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
82	1	19	..... hr. ..... min.

9. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Day Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Robert Allen
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Celia Allen
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: William Allen
(b) Address: Monroe City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Brush Creek Ralls Co
18. (a) Signature of funeral director: Wilson & Sons
(b) Address: Monroe City; Mo
19. (a) 9/26/47 (Date received local registrar) (b) Clyde . Wiley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23 year 1947 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from August 20, 1947 to Sept. 23, 1947 that I last saw him alive on Sept. 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Day
Due to: Hypertensive Heart Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 2
23. Signature: Harold F. Ellis (M. D. or other) D. O.
Address: Monroe City, Mo Date signed: 9-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-47-1327
Date Filed SEP 30 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 me ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Lessie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.