S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1947

Registration District No. 144

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5563

State File No. 34350

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural, Liberty
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 miles west of Glover
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles west of Glover
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Henry Martin Allen

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myrtle Allen

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 17 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Glover Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

FATHER
12. Name Jasper Allen
13. Birthplace _____ nd.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Black
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Johnson
(b) Address Elvins Mo.

17. (a) burial (b) Date thereof 10-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address R. White Ironton Mo.

19. (a) 10-20-45 (b) Avis Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1947 hour 9 minute 15P M.

21. I hereby certify that I attended the deceased from May 7, 1943, to Oct 5, 1947
that I last saw him alive on Sept. 29, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	6 days
Due to Fracture, rt. hip	8 days.
Due to	
Other conditions Arteriosclerosis general (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

18 6P
18

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 47

(b) Date of occurrence Sept. 27, 1947

(c) Where did injury occur? Glover Iron, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Bru M. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 10-6-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1047-135
Date Filed 10-27-42

OCT 28 19[illegible]

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 Ansel J. White

Licensed Embalmer No. 3012

P. O. Address Groton Nev

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.