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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 26 1947

Registration District No. 866

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6204

Dr. Hampton

State File No. 44002

Registrar's No.

1. PLACE OF DEATH:

(a) County: Texas

(b) City or town: Arroll DATE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(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: 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Texas 107

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7 mi N of Mtn View, Mo. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: James A. Allen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Martha M Allen

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Jan (Month) 30 (Day) 1871 (Year)

8. AGE: Years 76 | Months 9 | Days 22 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Farming

11. Industry or business

FATHER

12. Name: unknown 9

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

MOTHER

14. Maiden name: Eliza beth Nicholson

15. Birthplace: Montier, (City, town, or county) MO! (State or foreign country) 0

16. (a) Informant: Clell M. Allen

(b) Address: Mountain view, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Side Cemetery

18. (a) Signature of funeral director: Duncan Funeral Home

(b) Address: Mountain view, MO

19. (a) Dec 5 1947 (Date received local registrar) (b) Mrs C E Murfin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1945 to Nov 20, 1947 that I last saw him alive on Nov 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to:

Due to: Arterial Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 93A

Of autopsy: 0

Duration

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? (Specify type of place) 2

While at work? (e) Means of injury

23. Signature: Dr Lawere Hampton (M. D. or other) DO

Address: Summersville Date signed Dec 2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File No. 12-17-737
Date Filed 12-24-47

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 John F. Duncan

Licensed Embalmer No. 2516

P. O. Address Mtn View, 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.