

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44116**

Registration District No. _____

Primary Registration District No. **5048**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **R-2-Purdy**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **none** (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **Lula Mae Allen**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **S.B. Allen** 6. (c) Age of husband or wife if alive **Second** years

7. Birth date of deceased **march - 13 - 1880**
(Month) (Day) (Year)

8. AGE: Years **67** Months **8** Days **12** If less than one day hr. min.

9. Birthplace **Galena Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **none**

MOTHER FATHER { 12. Name **A. C. Bennington**
13. Birthplace **Indianapolis Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan I Brown**
15. Birthplace **Louisville Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hella Earhart**
(b) Address **Ft. Davis Texas**

17. (a) **Burial** (b) Date thereof **Nov 28-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sparks Cem. Barry Mo.**

18. (a) Signature of funeral director **Ballaway Funeral Home**

(b) Address **Monett Mo.**
19. (a) **11/3/48** (b) **Mrs. Gen. Hudson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry** 5
(c) City or town **Rural** 2
(If outside city or town limits, write "RURAL")
(d) Street No. **R-2-Purdy mo** 0
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **25**
year **1947** hour **6** minute **P** M.

21. I hereby certify that I attended the deceased from **April 24** 19 **47** to **Nov 25** 19 **47**
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myo Carditis**
With edema
Due to _____

Due to _____
Other conditions (Include pregnancy within 5 months of death)
Major findings: Of operations **930**
Of autopsy _____

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. D. Baldwin** (M. D. or other) **2**
Address **Purdy Mo** Date signed **11-28-47**

RECEIVED

District Health Officer No. 6,

District File Number 148-112

Date Filed 1-19-48

FEB 11 1948

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.....

David Dillon

Licensed Embalmer No. 3898

P. O. Address.....

Monett, 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.