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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44749**
Registrar's No. _____

Registration District No. **193** Primary Registration District No. **420-6-5709**

1. PLACE OF DEATH:
(a) County **McDonald**
(b) City or town **Rural (Erie)**
(c) Name of hospital or institution:
Rt. 1, Goodman, Mo.
(d) Length of stay: In hospital or institution _____
In this community **27 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **McDonald**
(c) City or town **Rural**
(d) Street No. **Route 1, Goodman, Missouri**
(e) Citizen of foreign country? **no**
If yes, name country _____

3. (a) PRINT FULL NAME **William Anselun Allen**
(b) If veteran, name war **no**
(c) Social Security No. **476-01-2417**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Laura Mae Allen**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **October 25, 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **1** Days **25**
If less than one day _____ hr. _____ min.

9. Birthplace **Terre Haute, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **sanitation supervisor**

11. Industry or business **canning factory**

12. Name **Robert Allen**
13. Birthplace **unknown, Scotland**
(State or foreign country)

14. Maiden name **Mary Thacker**
15. Birthplace **unknown, West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Laura Mae Allen**
(b) Address **Rt 1, Goodman**

17. (a) Burial **burial** (b) Date thereof **12-22-47**
(City, town, or county) (Month) (Day) (Year)
(c) Place: burial or cremation: **Howard Cemetery, Goodman**

(b) Address **Goodman, Missouri**

19. (a) **12/25/47** (b) **Mrs. Fred W. Smith**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **20**
year **1947** hour **10** minute **55 A.M.**
21. I hereby certify that I attended the deceased from **December 20**
1947, to **December 20**, **1947**:
that I last saw him alive on **December 20**, **1947**:
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary Occlusion**

Due to _____
Due to _____

Other conditions (Include regularly within 3 months of death) **94A**

Major findings: _____
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? **2**

23. Signature **Edward E. Hard**
Address **Goodman, Mo.** Date signed **12/23/47**

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

60
0
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 B. Papineau

Licensed Embalmer No. *4446*

P. O. Address.....

Goodman, 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.