7. S. No. 2
00M—5-43
v. 5-17-39
o 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40

Registration District No. 10 — Primary Registration District No. 3002 — Registrar's No. 25

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 115a S. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 115a S. Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Veronica Allen
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chas Allen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 4 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
49	11	28	hr. min.

9. Birthplace Calliocun (City, town, or county) Ill (State or foreign country)
10. Usual occupation Beauty Shop Operator
11. [illegible] or business
12. FATHER Name Henry Coughlin
13. FATHER Birthplace Ill (State or foreign country)
14. MOTHER Maiden name Martha Fuller
15. MOTHER Birthplace Ill (State or foreign country)
16. (a) Informant Chas Allen
(b) Address Mexico, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Chas Arnold Jr
(b) Address Mexico, Missouri.
19. (a) 2/5/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1948 hour 12 minutes 300 M.
21. I hereby certify that I attended the deceased from 1/13/46 to 1/8 1948;
that I last saw h[illegible] alive on 2/3 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolism	24hrs
Due to Chronic Thrombo Phlebitis	4yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
While at work? (e) Means of injury 0
23. Signature Charles L Davis (M. D. or other)
Address Mexico Mo Date signed 2/4/48

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1949

RECEIVED
District Health Officer No. 10
District File Number 2-48-210
FEB 10 1948
Date Filed

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 Everett B. Neal

Licensed Embalmer No. 4038

P. O. Address Mexico 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.