

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri Methodist Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether
In this community 5 weeks
years, months or days)

3. (a) PRINT FULL NAME Florence James Allen

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Allen 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased January 27 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 23
If less than one day
hr. min.

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

10. Usual occupation housewife

11. Industry or business home

12. Name Charles T. Phillips

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

14. Maiden name Marrisa J. Swank

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

16. (a) Informant Mrs J.M. Perry

(b) Address Princeton Mo.

17. (a) Removal (b) Date thereof 1-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maysville Missouri

18. (a) Signature of funeral director Pilcher Funeral Home

(b) Address Maysville Missouri

19. (a) 1-21-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb
(c) City or town Maysville
(If outside city or town limits, write "RURAL")
(d) Street No. Maysville
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 48 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 8 1947 to Jan 20 1948
that I last saw her alive on Jan 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 2 days
Myocarditis chr. Indefinite

Due to

Due to

Other conditions Arteriosclerosis Doubtful
(Include pregnancy within 3 months of death)

General findings: General Physician
Of operations

Of autopsy home 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. M. Shores (M. D. or other) M.D.

Address 317 Kirkpatrick Date signed

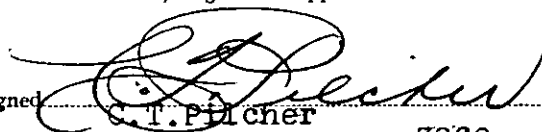
SEP 28 1950

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.....

.....**Vera Pilcher**....., Registered Apprentice No. **485**.....
working under my personal supervision.

Signed.....


.....**C. T. Pilcher**.....

Licensed Embalmer No. **3960**

P. O. Address **Maysville, Missouri**

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.