

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1805

FILED JAN 28 1948

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 5

1. PLACE OF DEATH:

- (a) County Miller
(b) City or town Excelsior
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U. S. N. Oak 1
(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)

3. (a) PRINT
FULL NAMEDRA ALLEE

3. (b) If veteran,

name war. No

3. (c) Social Security

No. no

4. Sex Female 5. Color or White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased June 1897
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 19 If less than one day
hr. min.

9. Birthplace Mountain Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

- MOTHER FATHER { 12. Name William J. Allee
13. Birthplace Miller Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Emperence Allee
15. Birthplace Miller Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant M. B. Allee
(b) Address Excelsior, Mo.

17. (a) Burial (b) Date thereof 1-22-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Excelsior

18. (a) Signature of funeral director Louis D. Phelan
(b) Address Excelsior

19. (a) 1-21-48 (b) Alvretta Walt
(Date received local registrar) (Registrar's signature) 10 28

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Miller
(c) City or town Excelsior
(If outside city or town limits, write "RURAL")
(d) Street No. 110 N. Oak
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1948 hour 9 minute _____ A. M.

21. I hereby certify that I attended the deceased from 7:00
1 1947 to June 20 1948;

- that I last saw her alive on June 19 1948
and that death occurred on the date and hour stated above

- Immediate cause of death Coronary Duration _____

- occlusion

- Due to Hypertension

- Due to 5 strokes

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings:
Of operations 94 A

- Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 M. Allee (M. D. or other) _____

- Address Excelsior, Mo. Date signed 1/28/48

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1949

RECEIVED
OFFICE OF THE HEALTH OFFICER No. 9
1-27-49

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 *Louis D. Phillips*
Licensed Embalmer No. *3663*
P. O. Address *Edon*

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.