

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1948

Registration District No. 32

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5711

State File No.

3922

Registrar's No. 14

1. PLACE OF DEATH

(a) County Bellingham
(b) City or town rural, near Hahn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 months (Specify whether years, months or days)
In this community. 2 months

3. (a) PRINT FULL NAME

JAMES ALLEN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bertha Jones 6. (c) Age of husband or wife if alive, years 31
7. Birth date of deceased July 31, 1861 (Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Decatur Illinois (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name not known
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Walter Bond
(b) Address Hahn, Mo.

17. (a) Burial (b) Date thereof Jan 8, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill Cemetery

18. (a) Signature of funeral director Alfred S. Morgan

(b) Address Adrian, Mo.

19. (a) 3-6-48 (b) Willie Newcomb (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bellingham
(c) City or town rural - near Hahn, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. near Hahn, Mo. (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 6, year 1948 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to Jan 6, 1948; that I last saw him alive on 1/2/48 and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia from compensation
Due to cerebral hemorrhage
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95C
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?

While at work? (Specify type of place) (e) Means of injury no

23. Signature John J. Morgan (M. D. or other) AD
Address Adrian, Mo. Date signed 1/6/48

RECEIVED

Health Officer No. 4
File Number 348-33
Filed 3-10-48

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 Lloyd S. Morgan, Jr. Registered Apprentice No. 430
working under my personal supervision.

Signed Lloyd S. Morgan
Licensed Embalmer No. 336
P. O. Address Advance, 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.