

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4219
Registrar's No. 29

Registration District No. 39

Primary Registration District No. 4999

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Harper
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 79 Years (Specify whether years, months or days)
In this community 79 Years

3. (a) PRINT FULL NAME Mattie Frances Allen

3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Allen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 28 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 10 _____ hr. _____ min.

9. Birthplace Oil City Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas J. Dewer
13. Birthplace Penn
(State or foreign country)
14. Maiden name Martha Woodruff
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Dunn
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 2-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Swinfield
(b) Address Pleasant Hill, Mo.

19. (a) Feb 14, 1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 707 Harper St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1948 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 1 to Feb 8 1948
that I last saw her alive on Feb 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Astoria Sclerosis

Due to _____

Due to _____

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

Major findings: Of operations 97

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? _____

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

23. Signature L. V. Munger (D. or other) D.

Address Pleasant Hill, Mo. Date signed 2-9-48

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Glen A. Hill....., Registered Apprentice No. 8
working under my personal supervision.

Signed

Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.