V. S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8507

State File No.

Registration District No. 138 Primary Registration District No. 5529 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Hickory
(b) City or town Wheatland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community All of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Hickory 43
(c) City or town Wheatland 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Joseph Thomas Allen
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Allen
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased April (Month) 6 (Day) 1891 (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	11	4	hr. min.

9. Birthplace Weaubleau (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Welie Allen
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minnie Ann Shelton
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Orvall Dee Allen
(b) Address Kimberly Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Buchner Cemetery
18. (a) Signature of funeral director Gilbert Hathaway
(b) Address Wheatland, Mo
19. (a) April 8-48 (Date received local registrar) (b) W. P. Hargiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1948 hour 10 minute A M.
21. I hereby certify that I attended the deceased from Oct. 10, 1947, to March 10, 1948; that I last saw him alive on March 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to Coronary Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94a

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 2
23. Signature Dr. J. E. Briggs (M. D. or other) D.O.
Address Wheatland, Mo. Date signed 3-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-48-389
Date Filed 4-12-48

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 .....

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Chas Gilbert Hattiaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.