

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9660**

FILED APR 10 1948

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **92**

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 15 years years, months or days)

3. (a) PRINT FULL NAME Bessie Jane Allen

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
1 divorced married
6. (b) Name of husband or wife William J. Allen 6. (c) Age of husband or wife if
alive 58 years
7. Birth date of deceased Dec. 19 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 3 2 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name A. B. Braden
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Campbell
15. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm J. Allen
(b) Address Dresden Mo
17. (a) Burial (b) Date thereof 3-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dresden Mo.

18. (a) Signature of funeral director Mc Laughlin Bros
(b) Address Sedalia Mo.
19. (a) 3-22-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Dresden
(If outside city or town limits, write "RURAL")
(d) Street No. 4 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21
year 1948 hour 2 minute 0

21. I hereby certify that I attended the deceased from 17
Mar 1948 to Mar 21 1948
that I last saw her alive on Mar - 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration
Exacerbation

Due to Kidney Infection?
Due to Diabetic coma?

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61
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 J. C. Swavery M. D. or MD
Address Sedalia Mo Date signed 3/22/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-7-48

died 2:05 A.M.

Mar-21

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 K. P. McLeary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.