

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **133118**
Registrar's No.

Registration District No. **201**

Primary Registration District No. **4215**

1. PLACE OF DEATH:

(a) County **Macon**
(b) City or town **La Plata**
(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 years, months or days)

3. (a) PRINT FULL NAME

Nora E. 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, divorced **Married**

6. (b) Name of husband or wife **John T. Allen**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **February 1 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 18 hr. min.

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

10. Usual occupation

11. Industry or business **Housekeeping**

12. Name **Sampson Mock**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Lutitia Hawkins**

15. Birthplace **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **John T. Allen**

(b) Address **Elmer Mo**

17. (a) **Burial** (b) Date thereof **March 21 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmer Mo**

18. (a) Signature of funeral director **Th. N. McCallum**

(b) Address **South Gifford Mo**

19. (a) **Apr 10-48** (b) **Mock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19**
year **1948** hour **3** minute **15** AM

21. I hereby certify that I attended the deceased from **July 21, 1945 to March 19, 1948**
that I last saw her alive on **Mar 18, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Toxic Gastritis** Duration **22K**

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 **E. H. Buckley** (M. D.)

Address **La Plata Mo** Date signed **3-20-48**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 448710
Date Filed APR 15 1948

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 W. A. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.