

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15124
Registrar's No. 826

Registration District No. 326

Primary Registration District No. 4492

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

1. PLACE OF DEATH:
(a) County Scottland
(b) City or town Memphis
(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 5 years years, months or days

3. (a) PRINT FULL NAME Geillie Ann Allen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Charlie Allen 6. (c) Age of husband on date of death 79 years
7. Birth date of deceased March 14 1873 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 22 hr. min.

9. Birthplace Rocheport Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Robert Agan
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Redding
(b) Address Memphis, Mo.
17. (a) Burial (b) Date thereof 4/27/48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Douglas
18. (a) Signature of funeral director Lloyd Moore
(b) Address 10 Sunning 2nd St
19. (a) 4/18/48 (b) _____ (Date received local registrar) (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scottland
(c) City or town Memphis 99 (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location) 6
(e) If foreign born, how long in U. S. A.? _____ years. 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr - 6 day year 1948 hour 1:50 minute 0 - M.
21. I hereby certify that I attended the deceased from Oct 10 1947 to April 1 1948 that I last saw her alive on April 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 3 days
Due to High Blood pressure 5 yrs
Due to Nephritis 8 yrs
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 9
23. Signature E. E. Symmonds (M. D. or other) DO
Address Memphis Mo Date signed Apr 8 1948

RECEIVED
District Health Officer No. 1
District File Number 4-48-72
Date Filed APR 20 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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd Moore
Licensed Embalmer No. 3137
P. O. Address Downing m

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1-1007
Registrar's No. 3268

Registration District No. 326 Primary Registration District No. 1482

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Memphis
(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 _____ years, months or days

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

3. (a) PRINT FULL NAME Lellie A. Allen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March year 1945 hour _____ minute _____ M. 6
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him/her on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased March 1 (Month) 1905 (Day) 1905 (Year)

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

8. AGE: Years 75 Months _____ Days _____ If less than one day _____ hr. _____ min. mo

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

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name Walter Bachert mo
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Walter Bachert
15. Birthplace Scotland Co mo (City, town, or county) _____ (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) _____ (c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-15124

unc. ~~Wagon~~ ~~at~~ ~~the~~ ~~site~~
~~of~~ ~~the~~ ~~old~~ ~~mine~~
~~at~~ ~~the~~ ~~old~~ ~~mine~~