

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **17183**

FILED JUN 3 1948
 Registration District No. **2880**

Primary Registration District No. **4423**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County **Platte**
 (b) City or town **Weston**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **no**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution **no** (Specify whether)
 In this community **entire life**
 years, months or days

3: (a) PRINT FULL NAME **Susan Maggie Allen**
 3. (b) If veteran, name war **XX**
 3. (c) Social Security No. **XX**

4. Sex **female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Charley Allen**
 6. (c) Age of husband or wife if alive **Unknown** years
 7. Birth date of deceased **January 31 1868**
 (Month) (Day) (Year)

8. AGE: 80 Years 3 Months 14 Days
 If less than one day
 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **home**

12. Name **William Howard Christian**
 13. Birthplace **Buchanan Co. Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Lavisa Jane Howard**
 15. Birthplace **unknown unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Robert Brownell**
 (b) Address **Weston, Missouri**
 17. (a) **Burial** (b) Date thereof **May 16-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Graceland Cemetery**

18. (a) Signature of funeral director **Vaughn Funeral Home**
 (b) Address **Weston, Missouri**
 19. (a) **6-21-48** (b) **Alpha Rollins**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Platte**
 (c) City or town **Weston**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **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 **May** day **15**
 year **1948** hour **1** minute **15** M.
 21. I hereby certify that I attended the deceased from **March 18**
 1947 to **May 15 1948**
 that I last saw her alive on **May 10 1948**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Chronic Myocarditis**
 Duration **5 yrs.**

Due to **Arteriosclerosis** **6 yrs.**

Due to **Chronic nephritis**

Other conditions **Chronic nephritis**
 (Include pregnancy within 3 months of death)

Major findings: Of operations **None** **31B**
 Of autopsy **none**
 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 **0**
 23. Signature **Lewis C. Calhoun** (M. D. or other)
 Address **Weston, Mo.** Date signed **5/19/48**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-2-48.....

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

W. B. Vaughn

Licensed Embalmer No. 8023

P. O. Address Winston, 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.