

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1948

Registration District No. 20

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5083

State File No.

18640

Registrar's No.

46

1. PLACE OF DEATH:

- (a) County Bates - ground Imp
(b) City or town U.S. Hwy 71, South of Adrian
(c) Name of hospital or institution: 3
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

(Specify whether

In this community 20 years
years, months or days)

8. (a) PRINT

FULL NAME James Edwin Allen.

8. (b) If veteran,

name war World War 2

8. (c) Social Security

No. 493-22-2864

4. Sex Male
5. Color or race White

6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased September 23, 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 8 20 hr. min.

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

10. Usual occupation
- Laborer

11. Industry or business

12. Name James Free Allen
13. Birthplace Amsterdam Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lucille Cox
15. Birthplace Amsterdam Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant
- Mrs. Lucille Allen Goodbar

- (b) Address
- Adrian Mo.

17. (a) Burial (b) Date thereof 6-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Scott Cemetery

18. (a) Signature of funeral director
- Creath & Sif

- (b) Address
- Adrian Mo.

19. (a) 6-14-48 (b) Myra Duran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Bates

- (c) City or town Adrian
(If outside city or town limits, write "RURAL")

- (d) Street No.

(If rural, give location)

- (e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Dead on arrival

Duration

Multiple fractures of
Skull

Due to

Auto accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Accidental 7

- (b) Date of occurrence
- June 13-48

- (c) Where did injury occur Highway 71-Bates Mo
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 71-South Adrian Mo

While at work? (Specify type of place)

23. Signature John H. Blenden (M. D. or other) Coroner

Address Butler Mo Date signed 6-14-48

JUL 28 1948

RECEIVED

District Health Officer No. 7

District File Number 5-48-67

Date Filed 6-21-48

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 and

Fred Theearth 3343

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.