

FILED JUN 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

20357

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pike County 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 Life years, months or days)

3. (a) PRINT FULL NAME Elizabeth Mary Allen

3. (b) If veteran,

name war No

3. (c) Social Security No.

No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Howard Allen
6. (c) Age of husband or wife if alive 4 years (Day) (Year)
7. Birth date of deceased Jan. 4, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 5 8 hr. min.

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

10. Usual occupation Housewife11. Industry or business Home12. Name Charles L. Smith

13. Birthplace Pike Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Orta Unsell

15. Birthplace Frankford, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Unsell Smith(b) Address Louisiana, Missouri

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

(c) Place: burial or cremation Riverview Cemetery18. (a) Signature of funeral director Haley Mortuary(b) Address Louisiana, Missouri

19. (a) 6-19-48 (b) Bessie Collier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Rural Louisiana, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #54
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1948 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from 6-11, 1948 to 6-12, 1948
that I last saw her alive on 6-12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Infection and blood degree burn
Due to Explosion in home (Gas burner)
Other conditions (Include pregnancy within 3 months of death)
Major findings: usual
Of operations usual
Of autopsy usual

Duration

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) acc - 6-11-48
(b) Date of occurrence 6-11-48
(c) Where did injury occur? at home - Louisiana, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
While at work (Specify type of place) (e) Means of injury Explosion
23. Signature Bessie Collier (M. D. —)
Address Louisiana, Mo. Date signed 6-19-48

6-28-1940

RECEIVED

District Health Office No. 10

District File Number 6-48-1834

Date Filed JUN 28 1940

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 Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address. Louisiana, 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.