

National Office of Vital Statistics

FILED JUL 27 1948

Registration District No. 2

Primary Registration District No. 4-2-074008

State File No.

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Buck Andrew
 (b) City or town Cosby
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Cosby, Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edgar P. Allen

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Octavia 6. (c) Age of husband or wife if alive, years 25 1880
 7. Birth date of deceased May 25 1880
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	1	3	hr. min.

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

10. Usual occupation Retired Railway Clerck11. Industry or business Rock Island Railroad12. Name Edgar L. Allen

13. Birthplace Unk New York
 (City, town, or county) (State or foreign country)

14. Maiden name Eliza Risk

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

16. (a) Informant Mildred Stephens(b) Address Cosby, Missouri

17. (a) Burial (b) Date thereof 7-1-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Blaine Turner Home(b) Address St. Joseph, Missouri

19. (a) 7-6-48 (b) Lillian Sparks
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
 (c) City or town Cosby
 (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 June day 28
 year 1948 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from 4-22-1948 to 6-28-1948
 that I last saw him alive on often 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris
coronary occlusion
obscure atheroma

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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?..... (Specify type of place)

(e) Means of injury.....

23. Signature D. B. Simon (M. D. or other).....Address St. Joseph, Mo. Date signed 6/29/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

AUG 26 1948

JUL 30 1948

DISTRICT HEALTH OFFICE
Camden, Mo.

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St, Joseph

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.

Registration District No. 2 Primary Registration District No. 4008

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Lesby
(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)

3. (a) PRINT FULL NAME

Edgar P. Allen

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased May 25 1928
(Month) (Day) (Year)

8. AGE: 68 Years Months Days If less than one day
hr. min.

9. Birthplace No
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Hillman Sparks (Registrar's signature)

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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 28
year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 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.....

Duration

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?
..... (Specify type of place)

While at work?..... (e) Means of injury.....

Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

S 22045