

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22780

National Office of Vital Statistics

FILED JUL 27 1948

Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Stonewall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Memorial Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
 (Specify whether
 In this community 60 years
 years, months or days)

3. (a) PRINT
FULL NAME

3. (b) If veteran,

name war.

3. (c) Social Security No.

5. Color or race W.
 6. (a) Single, widowed, married, divorced, widowed
 (b) Name of husband or wife Ballie Allen
 6. (c) Age of husband or wife alive
 7. Birth date of deceased Sept 21 1865
 (Month) (Day) (Year)

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

82 9 17 hr. min.
 9. Birthplace Stonewall Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation retired St. Mory11. Industry or business farm12. Name Daniel Allen13. Birthplace St. Y.14. Maiden name Emily Smith15. Birthplace Indiana16. (a) Informant Mrs. Elmore Hyges16. (b) Address Stonewall17. (a) Burial (b) Date thereof 7-11-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stonewall18. (a) Signature of funeral director Kate K. Phelps(b) Address Stonewall19. (a) July 17-1948 (b) Stonewall

(Date received local registrar) (Registrar's signature)

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Person City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
 (c) City or town S.E. of Stonewall
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1 miles
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 P.
 year 1948 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from June 5
1948 to July 8 1948
 that I last saw him alive on July 8 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial Infarction

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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)

23. Signature (M. D. or other)

Address StonewallDate signed 7-9-48

AUG 17 1948

Dr. S. E. Simpson

DISTRICT HEALTH OFFICE
Cameron, 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 _____

Labor F. Phillips
Licensed Embalmer No. 1898

P. O. Address *Starkburg 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.