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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23948
State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 171

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town Hawkpoint Mo
(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

3. (a) PRINT FULL NAME DRUECILLA JANE ALLEN
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife allie allen
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb (Month) 19 (Day) 1893 (Year)
8. AGE: Years 55 Months 4 Days 25 If less than one day ___ hr. ___ min.
9. Birthplace Lincoln County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name S.H. young
13. Birthplace Pike County (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Dora Fleener
15. Birthplace Louisville (City, town, or county) Mo (State or foreign country)
16. (a) Informant allie allen
(b) Address Hawkpoint Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hawkpoint Cemetery
18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Missouri
19. (a) 7/10/48 (Date received local registrar) (b) Nannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 48 hour ___ minute ___ M.
21. I hereby certify that I attended the deceased from July 8, 1948 to July 10, 1948 that I last saw her alive on July 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral vascular accident	6 wks.
Due to Cerebral arteriosclerosis	Indefinite
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
23. Signature Eugene J. Canty (M. D. or other) M.D.
Address St. Charles, Mo Date signed 7-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JUL 20 1948
Date Filed

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.