

Registration District No. **25**

Primary Registration District No. **4036**

1. PLACE OF DEATH: **Bates**
(a) County **Rich Hill Missouri**
(b) City or town **Rich Hill Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1223 E. MAPLE**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **65 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William C Allen**
3. (b) If veteran, name war **—**
3. (c) Social Security No. **—**

4. Sex **male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Nellie M Allen**
6. (c) Age of husband or wife if alive years **1877**
7. Birth date of deceased **JANUARY-13** (Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **25** If less than one day hr. min.

9. Birthplace **FT. SCOTT** **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business **—**

12. Name **John J Allen**
13. Birthplace **DAVIS COUNTY, MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY DOBBINS**
15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Carl Allen**
(b) Address **Rich Hill Missouri**

17. (a) **Burial** (b) Date thereof **SEPT-10-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **RICH HILL, M.D.**

18. (a) Signature of funeral director **Booth**
(b) Address **Rich Hill, Mo.**

19. (a) **Sept. 1948** (b) **Mrs. Edna Douglas**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri **Bates**
(a) State (b) County
(c) City or town **Rich Hill Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **East Maple**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8**
year **1948** hour **12** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **dead on arrival**
that I last saw him alive on **—**, 19 **—**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Hypertension**

Due to **—**

Other conditions **—**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **430**
Of autopsy **no**

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?
died suddenly in yard at home
(Specify type of place) (e) Means of injury **3**

23. Signature **John G. Underwood** (M. D. or other) **Colonel**
Address **Butler Mo** Date signed **9-8-48**

RECEIVED

District Health Officer No.

District File Number 8-48-10

Date Filed 9-14-8

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

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.