DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1948

Registration District No. 5 9

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25713

Primary Registration District No. 4094 5219

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Harden City, Mo Rural
(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 years, months or days)
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town Harden City, Mo. Rural
(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

19 0 0 0

3. (a) PRINT FULL NAME Albert Arthur Allen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie May ALLEN

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 2 (Month) 10 (Day) 1886 (Year)

8. AGE: Years 62 Months 6 Days 4 If less than one day hr. min.

9. Birthplace O'Neill (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name William Allen

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

14. Maiden name Nellie Stallings

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

16. (a) Informant Mrs. Albert Allen

(b) Address Harden City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 16 48 (Month) (Day) (Year)

(c) Place: burial or cremation Harden City Cemetery

18. (a) Signature of funeral director Wilson Bros.

(b) Address Harden City, Mo.

19. (a) August 16, 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1, 1948 to August 14, 1948 that I last saw him alive on August 7 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	instantaneous
Due to: Coronary Disease	6 Months
Due to:	
Other conditions: X (Include pregnancy within 3 months of death)	
Major findings: Of operations: X	
Of autopsy: X	

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 J. Paul Ellis (M.D. ~~Coroner~~) M.D.

Address 211 S Building Date signed Aug. 16, 1948

(Licensed Embalmer's Statement on Reverse Side) Harden City, Missouri

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 Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.