S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 29 1948
Registration District No. 2220

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30233
Primary Registration District No. 5630
Registrar's No. 105

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Rural Lebanon Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lebanon, Brice Rt. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 79 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Laclede 53
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Lebanon, Brice Rt. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country .....

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sam C Allen
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sept. (Month) 25 (Day) 1868 (Year)

8. AGE: Years 79 | Months 11 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Laclede county (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation .....
11. Industry or business At home

MOTHER / FATHER
12. Name James M. McGinnis
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name Nancy Barnes
15. Birthplace Nebo (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Rudolph Allen
(b) Address Lebanon, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon City Cem.
18. (a) Signature of funeral director Palmer's
(b) Address Lebanon, Mo.
19. (a) 9-21-48 (Date received local registrar) (b) James B Lapsley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1948 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 13 1946 to Sept. 17 1948
that I last saw h.er alive on Sept. 15 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	10 Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Decompensated	1 mo.
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Paul A Jenkins M.D. (M. D. or other)
Address Lebanon, Mo. Date signed 9-18-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

OCT 5 1948

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 Emmett E. Everett, Registered Apprentice No. 246, working under my personal supervision.

Signed Allyne Dethrage Hooker

Licensed Embalmer No. 4333

P. O. Address Lebanon 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.