No. 300
—10-47
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30781

Registration District No. 316 — Primary Registration District No. 6074 — Registrar's No. 299

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Cantwell, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cantwell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
(c) City or town Cantwell
(If outside city or town limits, write "RURAL")
(d) Street No. Chestnut
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

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

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Josephine Allen
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct. (Month) 30 (Day) 1874 (Year)

8. AGE: Years 73 Months 10 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Wright County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Minner
11. Industry or business Lead Company
FATHER
12. Name Dickerson Allen
13. Birthplace ..... Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Mc Fall
15. Birthplace ..... Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Frank Whaley
(b) Address Desloge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Herod Cemetery
18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.
19. (a) 9-13-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1948 hour 6 minute 45 a.M.
21. I hereby certify that I attended the deceased from Sept 1, 1948 to Sept 10, 1948
that I last saw him alive on 9-9, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	9d
Due to arterio-sclerosis general	
Due to	
Other conditions hypertension (Include pregnancy within 3 months of death) Chronic nephritis	
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 H C Gaeller (M. D. or other)
Address Desloge, Mo. Date signed 9-12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-1193

Date Filed 9-20-48

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 S. T. Bayer

Licensed Embalmer No. 3660

P. O. Address S. T. Bayer

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.