No. 300
10-47
17-39
[illegible]

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33514

Registration District No. 289

Primary Registration District No. 3043

Registrar's No. 329

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 715 S Main ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 715 S. Main St 4
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ralph J. 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 Married

6. (b) Name of husband or wife Lilly

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

7. Birth date of deceased June (Month) 8 (Day) 1879 (Year)

8. AGE: Years 69 | Months 4 | Days 13 | If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Vermont (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

FATHER
12. Name Theodore Allen
13. Birthplace _____ (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Richard
15. Birthplace _____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lilly Allen
(b) Address 715 S Main Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia Mo

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo

19. (a) 10-21-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) RG

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1948 hour _____ minute 10 30 a M.

21. I hereby certify that I attended the deceased from 6-1-46, 19__, to 10-17-48, 19__;
that I last saw him alive on 10-17-48, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Arteriosclerosis	2 yrs.
Due to	
Due to	
Other conditions: Pasteurian Coronary Arteriosclerosis (Include pregnancy within 3 months of death)	2 yrs.

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 [signature] (M. D. or other)
Address Holmes Bldg., Hannibal, Mo. Date signed 10-20-48

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal Mo

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

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