

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28996

BIRTH NO.		REG. DIST. NO. 331		PRIMARY REG. DIST. NO. 4484		Registrar's No. 10	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Scott				a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) Commerce				c. CITY (If outside corporate limits, write RURAL and give township) Commerce			
c. LENGTH OF STAY (in this place) life				d. STREET ADDRESS (If rural, give location) General Delivery			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Delive ry							
3. NAME OF DECEASED (Type or Print)		a. (First) George		b. (Middle) Allen		c. (Last) Allen	
4. DATE OF DEATH		August 12, 1949		5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 12, 1863		9. AGE (in years last birthday) 86		10. AGE (in years last birthday) 86	
11. BIRTHPLACE (State or foreign country) Commerce, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Lucinda Penny	
14. NAME OF HUSBAND OR WIFE Cora Allen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Cora Allen, Gen. Del. Commerce, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		II. OTHER SIGNIFICANT CONDITIONS		III. ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) General Arteriosclerosis			
DUE TO (c)							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 8, 1948 to Aug. 3, 1949, that I last saw the deceased alive on Aug. 3, 1949 and that death occurred at 11:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Fred W. Martin V.D.O. (Degree or title)		23b. ADDRESS I 11 mo Mo.		23c. DATE SIGNED 8-15-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 16 1949		24c. NAME OF CEMETERY OR CREMATORY Commerce, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG Aug-24-49		REGISTRAR'S SIGNATURE Mrs. Addee Barnes		FUNERAL DIRECTOR'S SIGNATURE F. D. Sparks		ADDRESS Girardeau, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 28 1949
District Health Office, No.
District File Number 849-85
Date Filed

SEP 1 1949

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

Student Embalmer No.

working under my personal supervision.

Signed

Frank Apalco

Signed
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Breton

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.