

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34537

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5839 Registrar's No. 48

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Granby</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Granby twp.</u> | |
| c. LENGTH OF STAY (in this place) <u>40 Yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Neosho, Mo. R#5</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None / At Home</u> | | | |

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|--|--|-------------|---|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>Louisa Elizabeth Allen</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21 1949</u> | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

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|-------------------------|------------------------------|--|--|--|-------------------------------------|--------------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 14 1877</u> | 9. AGE (in years last birthday) <u>72</u> | if UNDER 1 YEAR Days <u>6</u> | if UNDER 2 HRS. Hours <u>7</u> |
|-------------------------|------------------------------|--|--|--|-------------------------------------|--------------------------------------|

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|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>--</u> | 11. BIRTHPLACE (State or foreign country) <u>Sneelsville Tenn.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|---|---|---|
| 13a. FATHER'S NAME <u>Henry Brewer</u> | 13b. MOTHER'S MAIDEN NAME <u>Polly Ann Widders</u> | 14. NAME OF HUSBAND OR WIFE <u>W. J. Allen</u> |
|---|---|---|

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|---|--------------------------------------|---|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>W. J. Allen</u> | ADDRESS <u>Neosho, Mo. R#5</u> |
|---|--------------------------------------|---|-----------------------------------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>334X</u> |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | |
| | DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

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|--|--|---|
| 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) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 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 10-19 1949, to 10-21 1949, that I last saw the deceased alive on 10-19 1949, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

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|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Neosho Mo</u> | 23c. DATE SIGNED <u>10-22-49</u> |
|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------|

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|--|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/23/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo.</u> |
|--|------------------------------|--|---|

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|--|---|-----|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>Oct 22 1949</u> | REGISTRAR'S SIGNATURE <u>M. L. Young</u> | 225 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Morris</u> | ADDRESS <u>[Address]</u> |
|--|---|-----|--|-----------------------------|

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

73

90

RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT
District File Number 1049-194
Date Filed OCT 27 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 _____

James Kenneth Duncan Student Embalmer No. 208
working under my personal supervision.

Signed Kenneth Duncan
Student Embalmer

Signed Wm. Morris Payne
Licensed Embalmer No. 3047
P. O. Address Weston, 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.