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

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3147

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 6010		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sugar Creek</u>		c. LENGTH OF STAY (in this place) <u>6.5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sugar Creek</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #2 Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #2 Moberly</u>				d. STREET ADDRESS <u>RFD #2 Moberly</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>PALMER</u> c. (Last) <u>ALLEN</u>				4. DATE OF DEATH (Month) <u>January</u> (Day) <u>19</u> (Year) <u>1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March-14-1884</u>	
9. AGE (in years last birthday) <u>65</u>		10. MONTHS <u>10</u>		11. DAYS <u>5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>		11. BIRTHPLACE (State or foreign country) <u>Randolph County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Marshall</u>		14. NAME OF HUSBAND OR WIFE <u>Godtha Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (unknown)) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-14-7343</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Allen RFD #2 Moberly Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Asmthia Heart trouble</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>241X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>acc</u>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Nov 10, 1949</u> to <u>Jan 19, 1950</u> , that I last saw the deceased alive on <u>Jan 19, 1950</u> , and that death occurred at <u>11:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. A. Magers D.O.</u>				23b. ADDRESS <u>215 N. 5th</u>		23c. DATE SIGNED <u>Jan 20, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Randall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 22 50</u>		REGISTRAR'S SIGNATURE <u>Leslie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howe Funeral Home</u>		ADDRESS <u>Moberly Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1950

RECEIVED

District Health Officer N

District File Number

Date Filed

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.

Student
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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

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