

RECD SEP 6 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29544

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lawrence(b) Township Shelby(c) City ShelbyRegistration District No. 961Primary Registration District No. 5633Registered No. 1061

(d) Street No. \_\_\_\_\_

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. da. 45

(f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_

St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Elizabeth Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 1 - 1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

885206

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Retired Merchant

9. Industry or business in which work was done, as saw mill, bank, etc.

Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lawrence Mo

FATHER

13. NAME

Samuel W. Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lawrence Mo

MOTHER

15. MAIDEN NAME

Sarah Ann Springer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lawrence Mo

17. INFORMANT (ADDRESS)

Mrs. E. S. Allen

18. BURIAL, CREMATION, OR REMOVAL

PLACE

007 Cem

DATE

July

19

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Geo. B. Ors

20. FILED

8/2/39W. W. W. W. W.

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from

April 22, 1936, to July 5, 1939I last saw him alive on July 5, 1939. Death is said to have occurred on the date stated above, at 10:59 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Chronic  
Arteriosclerosis  
92C

Date of onset

1936

Other contributory causes of importance:

ArteriosclerosisName of operation none

Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed)

W. W. W. W. W., M. D.

(Address)

W. W. W. W. W.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**