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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6769

State File No.

Registration District No. 175

Primary Registration District No. 3037

Registrar's No. 24

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Mt Vernon Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

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3. (a) PRINT FULL NAME Elizabeth Ann Allen
3. (b) If veteran, name war x
3. (c) Social Security No. x

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elijah D Allen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 15 (Day) 1859 (Year)

8. AGE: Years 83 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Lawrence Co. (City, town, or county) O (State or foreign country)
10. Usual occupation At Home
11. Industry or business Farm

FATHER
12. Name Levi Shook
13. Birthplace Penn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Gensel
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs D. L. Adams
(b) Address Hoberg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation I O O F
18. (a) Signature of funeral director Geo Kerr
(b) Address Mt Vernon Mo
19. (a) 2-17 43 (Date received local registrar) (b) Auda Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 14th
year 1943 hour 12 minute 12 A. M.
21. I hereby certify that I attended the deceased from 12/25 43, to 2/11 43, that I last saw her alive on 2/11/43, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 x 1	
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 O
23. Signature Kenneth Glover (M. D. or other)
Address Mt Vernon, Mo Date signed 2/15/43

1584

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 343-382
Date Filed MAR 12 1943

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 George B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.