

FILED FEB 11 1946

Registration District No. _____

Primary Registration District No. 4035

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Rockville mo.
 (b) City or town Rockville mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hour
(Specify whether
 In this community 5 yrs
years, months or days)

3. (a) PRINT FULL NAME JENNIE L ALLEN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife James Allen 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 4/7/1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Florence mo U
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Wm G Holman

13. Birthplace Hammington Va. 1
(City, town, or county) (State or foreign country)

14. Maiden name Virginia A Rice

15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Hudson

(b) Address Rockville mo

17. (a) Burial (b) Date thereof Jan. 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dickinson Cem. - Henry Co.

18. (a) Signature of funeral director Fred Welkel

(b) Address Clinton mo

19. (a) Jan. 10, 1946 (b) Mrs. Wilbur Steiner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Boyer ?
 (c) City or town Rockville mo 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ 0
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
 year 1946 hour 7 minute 15 am M.

21. I hereby certify that I attended the deceased from Dec. 24, 1945 to Jan. 10, 1946
 that I last saw her alive on Jan 6, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease, (chronic 5 yrs,
arterio sclerosis 8 yrs,

Due to _____
 Due to _____
 Other conditions 1318
(Include pregnancy within 3 months of death)

Major findings: none performed
 Of operations _____
 Of autopsy none performed

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature M.D. Birke (M. D. or other) J. D. O.
 Address Rockville, Mo. Date signed 1/10/46

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

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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..... *Fred Wilkinson*

Licensed Embalmer No..... *2478*

P. O. Address..... *Clinton 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.