

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38985**

Registration District No. **339**

Primary Registration District No. **4502**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Stoddard,**

(b) City or town **Puxico**
(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 **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Stoddard 103**

(c) City or town **Rural**
(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 _____

3. (a) PRINT FULL NAME Sam J. Allen,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 15 1880**
(Month) (Day) (Year)

8. AGE: Years **60** Months **4** Days **9** If less than one day hr. _____ min. _____

9. Birthplace **Puxico Missouri,**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER

12. Name **Harrison Allen,**

13. Birthplace **Indiana,**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jane Thompson**

15. Birthplace **White Water Missouri,**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fannie Allen**

(b) Address **Puxico Missouri,**

17. (a) **Burial** (b) Date thereof **11 28 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Puxico Missouri,**

18. (a) Signature of funeral director **Watkins Service**

(b) Address **Puxico Missouri,**

19. (a) **11-30-1944** (b) **J. H. Stinson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **26**
year **1944** hour **10:30** minute _____ M.

21. I hereby certify that I attended the deceased from **8-6**
19**42** to **11-26** 19**44**

that I last saw h. **live** on **11-25** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure** Duration _____

Due to **Myocarditis + finally Cardiac failure** **2 yrs**

Due to _____

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

Major findings: **93e!**

Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **A. M. Wiley** (M. D. or other) **200**
Address **Puxico Missouri** **11-28-44**

1132

(Licensed Embalmer's Statement on Reverse Side)

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

3000

RECEIVED

District Health Office No. 2,

District File Number 1244-1569

Date Filed 12-7-44

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 Raymond Steele

Licensed Embalmer No. 2476

P.O. Address Wester 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.