

STANDARD CERTIFICATE OF DEATH

State File No. 32468

Registration District No. 18

Primary Registration District No. 5763

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Rural
(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 2
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town R.F.D.
(d) Street No. 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1940 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from Sept 25, 1940, to Sept 26, 1940
that I last saw him alive on Sept 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Leakage of heart
Due to Premature infant
7mo.
Due to _____
Other conditions 15m
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
449
While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature D. Shaw (M.D. or other) DO
Address Laclede, Mo. Date signed 8-26-40

3. (a) PRINT FULL NAME Harold Dennis Allen

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Sept. 25 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Linn Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Walter Allen

13. Birthplace Linn Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Anspaugh

15. Birthplace Linn Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Anspaugh
(b) Address Rothville, Mo. R.

17. (a) Burial (b) Date thereof 9/27/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede Mo.

18. (a) Signature of funeral director M.D. Thorne
(b) Address Laclede, Mo. Lc. No. 2876

19. (a) Sept 27-40 (b) Mr. Geo. O'Plawman
(Date received local registrar) (Registrar's signature)

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

FILED 18 1940

RECEIVED

District Health Officer No. 11,

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.....

Cavity embalming

Registered Apprentice No. 2876

working under my personal supervision.

Signed:.....

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.