FILED FEB 14 1941

5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2702

Registration District No. 347 | Primary Registration District No. 3018 | Registrar's No.

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Henry
(c) City or town Clinton RR#1 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ALBERT M. 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 Wid
6. (b) Name of husband or wife NANNIE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC (Month) 27 (Day) 1853 (Year)

8. AGE: Years 87 Months 0 Days 27 If less than one day hr. min.

9. Birthplace BIRCHFIELD (City, town, or county) Ky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Lewis C Allen
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Fannie Pace
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Ernest Allen
(b) Address Clinton RR#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood
18. (a) Signature of funeral director Consalus & Peck
(b) Address Clinton Mo
19. (a) 1-30-41 (Date received local registrar) (b) Dr J R Hampton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 20, 1941, to Jan 23, 1941; that I last saw him alive on 1-23, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

312

23. Signature Eugene D Newell M. D. or other MD
Address Clinton Mo Date signed 1-25-41

Cruel

(Licensed Embalmer's Statement on Reverse Side)

132

RECEIVED
District Health Officer No. 2
District File Number 2-41-283
Date Filed 2-7-41

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 J. E. Consalue

Licensed Embalmer No. 1891

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, above space should be left blank.

No. 2B
-2-21-40
P1 X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2702

Registration District No. 347 Primary Registration District No. 3018 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(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
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Albert M. 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 Wd

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 days
Due to Chronic Nephritis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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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

23. Signature Eugene D. Nevills (M. D. or other) M.D.
Address Clinton Mo Date signed 4-10-41