

MAR 25 1941

Registration District No. **532**

Primary Registration District No. **5382**

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Thayer
(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 15 years (Specify whether years, months or days)
In this community 15 years

3. (a) PRINT FULL NAME Viola 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** Married
6. (b) Name of husband or wife Grover Allen **6. (c) Age of husband or wife if alive** 55 years
7. Birth date of deceased Sept. 20 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Robert H. Shinault
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Grover Allen
(b) Address Thayer, Mo.

17. (a) Burial **(b) Date thereof** 2/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jeff Cem.

18. (a) Signature of funeral director Leo Carr
(b) Address Thayer, Mo.

19. (a) Mar. 5-1941 **(b) Lola G. Johnson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon
(c) City or town Thayer Rural
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 41 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from first November, 1940, to Feb. 19, 1941;
that I last saw her alive on Feb. 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver 50
Due to Parasites of Small Intestine
Due to Small Intestine in 1935

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

Major findings: Carcinoma of Liver 1935
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? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature [Signature] **(M. D. or other)** [Signature]
Address Thayer, Mo. **Date signed** 3-24

Duration 1 year
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

15-
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RECEIVED

District Health Officer No. 5,

District File Number 341963

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.