

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11814

FILED MAR 19 1941

State File No. _____

Registration District No. 745

Primary Registration District No. 4445

Registrar's No. 7

1. PLACE OF DEATH:
 (a) County Ray County
 (b) City or town Orrick, Missouri
 (c) Name of hospital or institution:
North Bissel Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 61 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray Coun.
 (c) City or town Orrick
 (If outside city or town limits, write "RURAL")
 (d) Street No. Bissel Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Curtis Otis Allen

3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ethel Allen
 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 12/25/1879
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>1</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Barber

11. Industry or business Barbershop

12. Name Geo. W. Allen

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

14. Maiden name Mary Frank Hull
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Curtis Allen

(b) Address Orrick, Mo.

17. (a) Burial (b) Date thereof 2/13/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point Cemetery

18. (a) Signature of funeral director Gibson & Son

(b) Address Orrick, Missouri

19. (a) 2/9/41 (b) W. Campbell, M.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 9
 year 1941 hour 5 minute 50am M.

21. I hereby certify that I attended the deceased from Feb 9, 1941 to Feb 9, 1941;
 that I last saw him alive on Feb 9, 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Coronary Arteriosclerosis 3 hours.
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy None

Duration
3 hours
 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? _____

23. Signature W. Campbell (M. D. or other) W.M.S.
 Address Orrick, Mo. Date signed 2/9/41

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

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-10-41

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 
Licensed Embalmer No. 4137
P. O. Address Orriek, Missouri

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.