

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11863

State File No. _____

FILED MAR 19 1941

Registration District No. 760A Primary Registration District No. 445 Registrar's No. 5

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

1. PLACE OF DEATH: St. Charles, Mo.
(a) County Westhills
(b) City or town Westhills
(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 9 yrs 6 months
years, months or days

3. (a) PRINT FULL NAME Joseph Lewis Allen

3. (b) If veteran, name war _____ 3. (c) Social Security No. 188-16-4372A

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

6. (b) Name of husband or wife Anna Drotal Allen 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 21 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Walterman

11. Industry or business _____

12. Name Charles L. Allen

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

14. Maiden name Don't know

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

16. (a) Informant Anna Drotal Allen
(b) Address Westhills, Mo.

17. (a) Burial (b) Date thereof 2-18
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westhills, Mo.
(d) Signature of funeral director J. E. Sturman
(b) Address Westhills, Mo.

19. (a) 720 - 41 (b) Gertrude S. Foust
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Charles
(c) City or town Westhills
(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 18
year 1941 hour 10:30 minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 17, 1941,
that I last saw him alive on Feb. 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration 1 yr.
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? 691
(Specify type of place) _____ (a) Means of injury _____
While at work? _____
23. Signature J. C. McMurran (M.D. or other) MD
Address Westhills, Mo. Date signed 2/20/41

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.....

P. E. Pitman

Licensed Embalmer No. *2711*

P. O. Address. *Wheatville, N.Y.*

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.