

FILED OCT 24 1941

State File No. _____

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Community Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4
 In this community 9 months 18 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME David Oliver 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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 6 1862
 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation raising farming

11. Industry or business _____
 12. Name Andrew Jackson Allen
 13. Birthplace unk (City, town, or county) (State or foreign country)
 14. Maiden name Masha Ann Hopkins
 15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Elmer Charles Allen
 (b) Address Novinger Mo.
 17. (a) Burial (b) Date thereof Oct 5 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MeLean (McGrew)

18. (a) Signature of funeral director McGrew
 (b) Address Springer & Thudspack
 19. (a) Oct. 5/41 (b) Spencer L. Freeman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
 (c) City or town Novinger Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
 year 1941 hour 12 minute 5 P.M.
 21. I hereby certify that I attended the deceased from June 23
 1941 to Oct 3 1941
 that I last saw him alive on Oct 3 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 24 hours
 Due to apoplexy 10 mo.
 Due to Arteriosclerosis

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: Of operations 43a
 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 _____
 23. Signature M. T. Lutenbach (Physician, D. or other) J. D.
 Address Kirksville, Mo. Date signed Oct 3/41

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

RECEIVED

District Health Officer No. 10

District File Number 10-44-1878

Date Filed OCT 17 1941

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 W. C. Sumner

Licensed Embalmer No. 2159

P. O. Address Rockville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.