

Registration District No. **218**

Primary Registration District No. **3017**

Registrar's No. **145**

27
2
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Cooper.**
 (a) County **Cooper.**
 (b) City or town **Boonville**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Joseph Hospital.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 weeks.** (Specify whether
 In this community **61 Years.** years, months or days)

3. (a) PRINT FULL NAME **Henry A. 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 **Married**
 6. (b) Name of husband or wife **Mrs. Addie Allen.** 6. (c) Age of husband or wife if alive **79** years
 7. Birth date of deceased **October 9th 1863** (Month) (Day) (Year)

8. AGE: Years **80** Months **1** Days **8** If less than one day hr. min.

9. Birthplace **Delaware County, Ohio.** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer.**

11. Industry or business **On farm.**

MOTHER FATHER { 12. Name **Thomas Allen**

13. Birthplace **Pennsylvania.** (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Stottlemeyer** (State or foreign country)

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

16. (a) Informant **Mrs. Hagan Windsor.**

(b) Address **Boonville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 20/1942** (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Cemetery.**

18. (a) Signature of funeral director **Goodman & Haller**
 (b) Address **Boonville, Mo.**

19. (a) **Nov-1942** (Date received local registrar) (b) **Dr. Chas. Swap** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **27**
 (a) State **Missouri** (b) County **Cooper**
 (c) City or town **Boonville** (If outside city or town limits, write "RURAL")
 (d) Street No. **903 Locust St.** (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **17** year **1942** hour **11** minute **55 p. M.**

21. I hereby certify that I attended the deceased from **August 16, 1942** to **November 17, 1942** that I last saw him alive on **November 17, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** **2 weeks** Duration
 Due to **Chronic nephritis.** **Several years.**

Due to _____
 Other conditions **Prostatic Hypertrophy** **Months.** (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **1318**
 Of operations _____
 Of autopsy _____
 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)

(e) Means of injury **0**

23. Signature **W.H. Ziegler** (M. D. or other) **M.D.**
 Address **Boonville Mo** Date signed **11-19-42**

RECEIVED

District Health Officer No. 8,

REC'D
1942

12-1-42

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 G. F. Roller
Licensed Embalmer No. 3068
P. O. Address Boonville, 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, fact should be so stated above.