

FILED DEC 3 1942

Registration District No. 218

Primary Registration District No. 3817-

Registrar's No. 139

27
1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(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'S HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 DAYS** (Specify whether years, months or days)

In this community **3 DAYS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **HOWARD**

(c) City or town **NEW FRANKLIN**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) **1**
If yes, name country.

3. (a) PRINT FULL NAME **WILLIAM HENRY ALLEN**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **702-10-0953**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **5th**
year **1942** hour **9:15** minute **P.M.**

4. Sex **MALE**

5. Color or Race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MAGGIE PIERCE ALLEN**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **JUNE 18 1871**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 1** 19**42** to **Nov 5** 19**42**
that I last saw him alive on **above 11-5-42** and that death occurred on the date and hour stated above.

8. AGE: Years **71** Months **4** Days **18** If less than one day hr. min.

Immediate cause of death **Pneumonitis** Duration **1 day**

9. Birthplace **LEAVENWORTH COUNTY, KANSAS**
(City, town, or county) (State or foreign country)

Due to **Perforated gastric ulcer**

10. Usual occupation **LOCOMOTIVE CRANE ENGINEER**

Due to **Perforated gastric ulcer**

11. Industry or business **M.K. & T. RAILROAD**

Other conditions (include pregnancy within 3 months of death) **None**

Major findings: Of operations **none**

Of autopsy **none**

PHYSICIAN **1176**

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name **JOHN HENRY ALLEN**

13. Birthplace **UNKNOWN** 9
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **"** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS W.H. ALLEN**

(b) Address **NEW FRANKLIN MISSOURI**

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?

17. (a) **BURIAL** (b) Date thereof **NOV. 8, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO.**

While at work? (Specify type of place) (c) Means of injury

23. Signature **T.C. Beckett M.D.** (M.D. or other) **1176**

Address **Boonville, MO** Date signed **11-7-42**

19. (a) **NOV-7-42** (b) **Dr. Chas. Swap.**
(Date received local registrar) (Registrar's signature)

1088

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-1-42

MAR 17 1943

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 James W. Stegner

Licensed Embalmer No. 37806

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.