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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2408

State File No.

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 2

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: INDEP. SANITARIUM HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20 MINUTES. (Specify whether years, months or days)
In this community: 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: IOWA (b) County: DECATUR 999 13
(c) City or town: LOMONITE IOWA 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 714 MAPLE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: MARGARET M. ALLEN
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: BABY
6. (b) Name of husband or wife: NONE
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: SEPT. (Month) 5 (Day) 1942 (Year)

8. AGE: Years | Months: 3 | Days: 26 | If less than one day: hr. min.

9. Birthplace: LOMONITE, IOWA (City, town, or county) (State or foreign country)
10. Usual occupation: BABY
11. Industry or business:
FATHER
12. Name: ROLLAND HENRY ALLEN
13. Birthplace: LOMONITE IOWA (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: ANNA MORGAN
15. Birthplace: KANSAS CITY MO. (City, town, or county) (State or foreign country)
16. (a) Informant: R. H. ALLEN
(b) Address: LOMONITE, IOWA
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-1-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: ROSE HILL CEM.
18. (a) Signature of funeral director: Kelly Funeral Home
(b) Address: 714 N. Spring St. Int. Mo.
19. (a) Jan. 1, 1943 (Date received local registrar) (b) James Rose (Registrar's signature)
1163 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 1 year: 1943 hour: 6:50 minute: A.M.
21. I hereby certify that I attended the deceased from Dec 28, 1942 to Jan 1, 1943 that I last saw her alive on Dec 31, 1942, 19..: and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Otitis Media	5 days

Major findings:
Of operations: 101
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: Charles J. Eldridge (M. D.)
Address: 6247 Brookside Blvd KCMO Date signed: 1-1-43

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 by me

Registered Apprentice No.

working under my personal supervision.

Signed J. L. Latta

Licensed Embalmer No. 2632

P. O. Address 24 N. Spring St

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.