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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Mc Mechen

21929

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 130

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or ~~institution~~ St. Elizabeth Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Fabius Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Roxey Allen

3. (b) If veteran, name war No
3. (c) Social Security No. No.

4. Sex Female
5. Color or race 3 Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife B.F. Allen
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased — (Month) — (Day) 1878 (Year)

8. AGE: Years 65 Months — Days — If less than one day hr. min.

9. Birthplace Marion Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Sam Tyler
13. Birthplace No record (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) 9 (State or foreign country)
16. (a) Informant B.F. Allen
(b) Address Palmyra, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra Cemetery
18. (a) Signature of funeral director Lewis Bros
(b) Address Palmyra, Mo.
19. (a) 5-8-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1943 hour 4 minute 0 a. M.
21. I hereby certify that I attended the deceased from May 1943, 19 , to May 4, 1943 that I last saw her alive on May 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 93 ¢

Due to

Due to

Other conditions Pernicious Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature H. B. McMechen (M. D. or other) M D
Address Hannibal Mo Date signed 5/6/43

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Leo B. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra 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.