

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30211  
Registrar's No. 74

FILED NOV 10 1943 73

Primary Registration District No. 5291

1. PLACE OF DEATH:

(a) County Liberty Rural  
(b) City or town Liberty  
(c) Name of hospital or institution: 1 -  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt 1  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES F. ALLEN

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color & race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Litha Allen 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 26 - 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Lee Allen  
13. Birthplace MO  
14. Maiden name Kelsey  
15. Birthplace MO

16. (a) Informant Virgil Allen  
(b) Address 1400 Liberty, Mo.

17. (a) Burial (b) Date thereof Oct. 19 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Libanion - Mo.

18. (a) Signature of funeral director Chas. Arthur Co  
(b) Address Liberty, MO

19. (a) Oct 16, 1943 (b) Helen Edley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16  
year 1943 hour 4 minute - A.M.

21. I hereby certify that I attended the deceased from Oct 15, 1943, to Oct 16, 1943  
that I last saw him alive on Oct 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio Sclerosis Duration 18 yrs.

Due to Hemiplegia 24 hrs.

Due to Chronic Arthritis 15 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83d  
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) 0

(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?

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

23. Signature Burtori Matthy (M. D. or other) M.D.  
Address Liberty, Mo. Date signed Oct 16, 1943

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-9-43

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.....  
....., Registered Apprentice No.....  
..... working under my personal supervision.

Signed

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address

Liberty, 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.