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FILED MAY 8 1944
Registration District No. 3494

Primary Registration District No. 4513

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Sullivan Co

(b) City or town Green Castle, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan

(c) City or town Green Castle, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ANNA ELIZABETH ALLEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1944 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from April 7, 1944 to April 13, 1944
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

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

Birth date of deceased: 3 (Month) 28 (Day) 1870 (Year)

Immediate cause of death Hepatic CARCINOMA Duration 1 Year

8. AGE: Years 74 Months 0 Days 15 If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: H6F

9. Birthplace Adair Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Edward Sizemore

13. Birthplace Polk, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Claybrook

15. Birthplace Stahl Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mae Ray

(b) Address Green Castle, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Green Castle, Mo.

(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? _____

18. (a) Signature of funeral director Blumenthal & Son

(b) Address Green Castle, Mo.

19. (a) 5-2-1944 (Date received local registrar) (b) Laura Shaw (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. H. Schurr (M. Embalmer) Address Green City, Mo. Date signed 4-13-44

1351

RECEIVED

District Health Officer No. 10

District File Number 5-44-864

Date Filed MAY 5 1944

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.