No. 2
—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

Registration District No. 224

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 41647

Registrar's No. 220

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California
(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 1 (Specify whether
In this community 80 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ellen Allee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife John P. H. Allee

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

7. Birth date of deceased Feb (Month) 27 (Day) 1854 (Year)

8. AGE: Years 90 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER
12. Name Robert Cunningham
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Martha Powers
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Robert P. Allee
(b) Address California Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Flag Spring

18. (a) Signature of funeral director H. Williams
(b) Address California

19. (a) 12-11-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9 year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-2-, 1944 to 12-9-, 1944 that I last saw her alive on 12-9-, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions Chronic Valvular Heart trouble (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
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 H. R. Popejoy D. (M. D. or other)
Address California Mo Date signed 12-11-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 1-4-45

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 W. E. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.