

7. S. No. 2
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 Rev. 5-17-39
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20104

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

PREP JUL 11 1945
 Registration District No. 66

Primary Registration District No. 4117

Registrar's No.

1. PLACE OF DEATH:
 (a) County Chariton
 (b) City or town Rothville
(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 50 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Chariton
 (c) City or town Rothville
(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 Bertha E Allen
 3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Chas K Allen 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Sept 12/1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	9	5	hr. min.

9. Birthplace Virginia
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business Geo. S Flippin
 12. Name Virginia
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Lelia B Day
 15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Chas K Allen
 (b) Address Rothville Mo.
 17. (a) Burial (b) Date thereof June 17 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rothville

18. (a) Signature of funeral director Morton
 (b) Address Morton
 19. (a) June 17 1945 (b) Martha Clark
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June 17/1945
 year 5.20 day 5.20 hour 5.20 minute A M.

21. I hereby certify that I attended the deceased from June 16 1945 to June 17 1945
 (that I last saw her alive on June 19 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Arterio-sclerosis

Duration 9 hours

Due to
 Other conditions 83w
(Include pregnancy within 3 months of death)

Major findings: 83w
 Of operations
 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?

While at work? (Specify type of place) (e) Means of injury
 23. Signature U. G. Beck (M. D. or other) /
 Address Rothville MO Date signed 6-20-45

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

RECEIVED

SEP 25 1945

District Health Officer No. 8,

District File Number

Date Filed 7/12/45

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 *L. L. Shepard*

Licensed Embalmer No. 3976

P. O. Address *Mendon Ma*

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.