

FILED *Callaway*

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: Callaway County Hospital  
(If not in hospital or institution, write street number or location) 7 Days

(d) Length of stay: In hospital or institution Two Years & 4 Months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway *14*

(c) City or town Fulton *0*

(d) Street No. R. F. D. *0*  
(If rural, give location) *0*

(e) Citizen of foreign country? NO (Yes or No) *0*

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN G. ALLEN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 15 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	6	19	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John G. Allen Sr. *0*

13. Birthplace Missouri

14. Maiden name Alice McConnell (State or foreign country)

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

16. (a) Informant Mrs. Edith Cooper Willis

(b) Address Evenston Ill

17. (a) Burial (b) Date thereof 5-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Hallace Funeral Home

(b) Address 7th & 6th St Fulton, Mo

19. (a) 5-5-1946 (b) John McConnell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4  
year 1946 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from Dec. 8  
1945, to May 4 1946  
that I last saw him alive on May 3 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cardio Renal Disease *2 yrs*

Due to myocarditis *2 yrs*

Due to Nephritis *2 yrs*

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

*13/10*

Duration

*2 yrs*

*2 yrs*

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 injury) (e) Means of injury \_\_\_\_\_

23. Signature Lloyd E. Hutchins (M. D. or other) D.O.

Address Fulton, Mo Date signed 5/4/1946

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

14798

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 6-8-46

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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 Wenzel E. Browning  
Licensed Embalmer No. 2724  
P. O. Address Fulton 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.