S. No. 2
M—8-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1946

State File No. 26568

Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 42

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

25414

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ozark 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 10. years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Ozark Mo.
(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 Anna E. Allen

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

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

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

7. Birth date of deceased Aug. (Month) 8 (Day) 1873 (Year)

8. AGE: Years 72 Months 8 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Arkansas / (State or ~~foreign country~~)

10. Usual occupation House Keeper

11. Industry or business ____

FATHER
12. Name Ewiley B. Bailey
13. Birthplace ____ (City, town, or county) Tenn. / (State or ~~foreign country~~)

MOTHER
14. Maiden name Marguerite Shannon
15. Birthplace ____ (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Mrs Ada Dyer

(b) Address 2207 N. Howard St. Springfield Mo.

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

(c) Place: burial or cremation Prospect Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) July 30 1946 (Date received local registrar) Loretta Leonard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1 March, 1946, to 13 apr, 1946; that I last saw her alive on 13 apr, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: apoplexy (massive cerebral hemorrhage)	1 day
Due to: Hypertensive & arteriosclerotic cardio-vascular disease	yrs?
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	

Major findings:
Of operations ____
Of autopsy ____

93D

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 [illegible] (M. D. or other)

Address Ozark, Mo. Date signed 15 Apr 46

59 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 846-883
Date Filed AUG 26 1946

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 T. B. Chaffin

Licensed Embalmer No. 2152

P. O. Address Ozark 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.