

No. 2
5-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 26 1948
Registration District No. 209

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30953**
Registrar's No. 25

Primary Registration District No. 5754

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

1. PLACE OF DEATH:
(a) County Maries
(b) City or town Vichy, Mo.
(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 _____
In this community Sixty One Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 63
(a) State Mo. (b) County Maries
(c) City or town Vichy, Mo. Rural
(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 Clara Allen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Albert Allen 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased May 14 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Fort Madison, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name Albert Minder
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Seidel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Snodgrass
(b) Address Vienna, Mo.

17. (a) burial (b) Date thereof 9-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Vienna, Mo.

19. (a) 9-17-46 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1946 hour 2 minute 20 P.M.
21. I hereby certify that I attended the deceased from July 1 1946, 1946, to Sept 10 1946, 1946
that I last saw him alive on Sept 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Chronic

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

Major findings:
Of operations _____
Of autopsy _____
13/13

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 _____
Signature [Signature] (M. D. or other)
Address Polina Mo Date signed 9/17/46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

148

Date Filed 9-21-46

District File Number 9-46

District Health Officer No. 9,

RECEIVED

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. C. Birmingham

Licensed Embalmer No.

3664

P. O. Address

Wenna St

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.