

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10436

State File No. _____

FILED APR 7 1947

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 76

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

1. PLACE OF DEATH:

(a) County ST FRANCOIS

(b) City or town LEAD WOOD MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 40 yrs

3. (a) PRINT FULL NAME ISAAC LUTHER ALLEN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MURCENIA ELLEN ALLEN

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased AVG 18 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 6 18 hr. min.

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

10. Usual occupation RETIRED

MOTHER FATHER

11. Industry or business _____

12. Name WILLIAM ALLEN

13. Birthplace ILL. 1
(City, town, or county) (State or foreign country)

14. Maiden name ELVIRA MIDDVAH

15. Birthplace ILL. 1
(City, town, or county) (State or foreign country)

16. (a) Informant MELVIN ALLEN

(b) Address LEAD WOOD MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Ma 8 1947
(Month) (Day) (Year)

(c) Place: burial or cremation FRANK CLAY MO.

18. (a) Signature of funeral director J. S. Taylor

(b) Address Leadwood Mo.

19. (a) 3-27-47 (Date received local registrar) (b) Ether Rudloff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST FRANCOIS ⁹⁴

(c) City or town RURAL ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR FRANK CLAY MO ⁰
(If rural, give location) ⁰

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov
1939 to March 4 1947
that I last saw him alive on March 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Cardiomyopathy
renal disease

Duration 8 yrs

Due to _____

Due to _____

Other conditions Bronchial asthma
(Include pregnancy within 3 months of death)
Emphysema

Major findings:
Of operations _____

Of autopsy 1319

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 6

23. Signature John W. Hunt (M. D. or other) M.D.
Address Leadwood Mo Date signed 3/14/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4
File Number 447-491
4-7-47

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 Bert L. Boyer
Licensed Embalmer No. 3445
P. O. Address Leadwood 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.