

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **20679**

FILED JUL 14 1947
 Registration District No. _____

Primary Registration District No. **3021**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
 (b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1309 E. 12th St.
(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)

In this community 54 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy Co
 (c) City or town Trenton
(If outside city or town limits, write "RURAL")
 (d) Street No. 1309 E 12th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY ANN ALLEN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 6 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>9</u>	<u>21</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Wyatt Brown

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

14. Maiden name Ellen Gordon

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

16. (a) Informant J.E. Allen

(b) Address Trenton, Mo

17. (a) Burial (b) Date thereof April 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willis Chapel

18. (a) Signature of funeral director Raymond A. Dairs

(b) Address Trenton, Mo

19. (a) 4-29-47 (b) Frene Jaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
 year 1947 hour 4:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Apr 5, 1947, to Apr 27, 1947
 that I last saw him alive on Apr 25, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Fract. Femur

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

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence April 5 - 47 40
 (c) Where did injury occur? Her Home
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Auto Grundy Mo
(Specify type of place)

While at work? _____ (e) Means of injury fall on
rock
 23. Signature E.A. Duffy (M. D. or other) _____
 Address Trenton Mo Date signed Apr 28-47

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 _____

Walter E. May Registered Apprentice No. *458*

working under my personal supervision.

Signed *Raymond A. Lewis*

Licensed Embalmer No. *3424*

P. O. Address *Denton 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.