FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 8 1948

Registration District No. 264

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44757

Primary Registration District No. 5887

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Rural ?
(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 one
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

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

(d) Street No. P.O. Elijah, Misouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rufus Clem Allen

3. (b) If veteran, name war W.W.1

3. (c) Social Security No. ?

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mary E. Allen

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 16, 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Wilson County Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Civil Service Employee

11. Industry or business

FATHER
12. Name Robert Allen
13. Birthplace Natch atoches, Texas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mollie E. Williams
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Allen
(b) Address Elijah, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31, 47
(Month) (Day) (Year)
(c) Place: burial or cremation Elijah Cemetary

18. (a) Signature of funeral director Robertson's
(b) Address West Plsins Mo.

19. (a) 3-2-48 (Date received local registrar) (b) William Cogswell (Registrar's signature) 1403

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1947 hour 3 minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thromosis — Duration 1 hour

Due to

Due to Natural Causes

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

940

PHYSICIAN

Underline the cause of 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 M J Hoerman D.O. Coroner (M. D. or other)

Address Gainesville, Mo Date signed 3/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 348-377
Date Filed MAR 31 1948

S-44718

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 Robert T. Drago, Registered Apprentice No. 432, working under my personal supervision.

Signed D. D. Robertson
Dorothy D. Robertson
Licensed Embalmer No. 3432

P. O. Address West Plains, 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.