

Registration District No. 212

Primary Registration District No. 5780

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Miller
 (b) City or town Oleas Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Saline Township
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
 (c) City or town Oleas
(If outside city or town limits, write "RURAL")
 (d) Street No. Saline Township
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FRED ERNEST ALLEN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Oct. 24 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 1 If less than one day " " hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Ben. J. Allen

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

14. Maiden name Mary E. Vernon

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

16. (a) Informant Mrs. Emma Clay

(b) Address Oleas, Mo.

17. (a) Burial (b) Date thereof 4-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cemetery

18. (a) Signature of funeral director Louis D. Phillips

(b) Address _____

19. (a) 4-27-48 (b) Abnerella Walt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1948 hour 11 minute Sept. 9. M.

21. I hereby certify that I attended the deceased from Sept. 9. 1945 to April 25 1948 that I last saw him alive on April 25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 5 yrs.
and chronic
 Due to Coronary Sclerosis.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations MI
 Of autopsy _____

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 2
 23. Signature M. E. Humphrey (M. D. or other) D.O.
 Address Tuscumbia, Mo. Date signed 4-28-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 11 1948

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis D. Phillips

Licensed Embalmer No. *3663*

P. O. Address *Beeson*

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.