FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 11 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24001
Primary Registration District No. 3059
Registrar's No. 2-53

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre Hospital Bonne Terre, Mo
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Francois 94
(c) City or town Flat River, Mo 5
(If outside city or town limits, write "RURAL")
(d) Street No. 303 Allen 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Annie Maud Allen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White Cave
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Amos Allen
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Dec. (Month) 13 (Day) 1885 (Year)

8. AGE: Years 62 Months 7 Days 15 If less than one day hr. min.
9. Birthplace Near Esther, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name Mr. Skelton De Moss Koen
13. Birthplace St. Francois Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lorena Beele McDaniel Koen
15. Birthplace St. Francois Co. North of Farmington, Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Amos Allen (Husband)
(b) Address 303 Allen St. Flat River, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30-1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Memorial Park Bonne Terre, Mo.
18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Crane St. Flat River, Mo.
19. (a) 8-9-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)
284
0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28.
year 1948 hour 11 minute a. M.
21. I hereby certify that I attended the deceased from June 1 1944 to July 28 1948
that I last saw him alive on July 28 1948.
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	6 hrs.
Due to Coronary Disease & Myocarditis	4 yrs.
Due to	
Other conditions None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations no —
Of autopsy no
93 D

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 Geo. L. Waltham (M. D. or other)
Address Farmington Mo. Date signed 8-5-48.

WRITE PLAINLY—USING

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

File Number 8-48-99

Date Filed 8-10-48

JAN 20 1949

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St Flat River, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.