S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 30 1948
Registration District No. 109

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 27016
Registrar's No. 265 ~~365~~

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8/15/48 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 214 Hill Street 4
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillie May Allen
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John G. Allen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 31, ~~19x~~ 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	11	19	hr. min.

9. Birthplace Bloomfield Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business xx
FATHER
12. Name Eder B. Goger
13. Birthplace Lexington New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Truex
15. Birthplace New Jersey (City, town, or county) (State or foreign country)
16. (a) Informant J. Orlando Allen
(b) Address Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Philadelphia Mo.
18. (a) Signature of funeral director W. Crawford Smith
(b) Address 902 Broadway Hannibal Mo.
19. (a) 8-20-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1948 hour 5 minute 20 P. M.
21. I hereby certify that I attended the deceased from Aug 14 1948 to Aug 19 48
that I last saw h. alive on Aug 18 48 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Intestines Diabetes	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46	
Of autopsy	

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 W P Berry MD (M. D. or other)
Address Hannibal Mo Date signed 8-20-48

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

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 W. Crawford Smith

Licensed Embalmer No. 3814.

P. O. Address Hannibal 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.