

U. S. No. 300  
M-10-47  
Rev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32538**  
Registrar's No. **958**

FILED NOV 8 1948  
Registration District No. **228**

Primary Registration District No. **2100**

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Burge Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution **10 days**  
(Specify whether In this community **1 month** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2067 N Hoffman**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME **PAUL C. ALLEN**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **707-07-7177**

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

6. (b) Name of husband or wife **Hattie M Allen** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **January 5 1876**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>9</b>	<b>27</b>	hr. min.

9. Birthplace **Red Oak Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Railroad conductor**

11. Industry or business \_\_\_\_\_

12. Name **Swan Allen**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Alberta M Walker**

(b) Address **2067 N Hoffman, Springfield, Mo.**

17. (a) **Removal** (b) Date thereof **11-4-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Missouri**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**  
(b) Address **Springfield, Missouri**

19. (a) **11-3-48** (b) **W. J. Dardelle, MD**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November**, day **2**, year **1948**, hour **10:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **October 21 1948** to **November 2 1948**, that I last saw him alive on **November 2 1948**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **12 days**  
Due to **Hypertension**

Due to \_\_\_\_\_  
Other conditions **Pulmonary Edema** **4 days**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **83A**  
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) Means of injury \_\_\_\_\_  
23. Signature **Kenneth C. Ogletree** (M. D. or other) **M.D.**  
Address **Springfield, Mo.** Date signed **11-3-48**

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

39  
2  
6

NOV 10 1948

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**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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.**