

FILED OCT 13 1942
57

Registration District No. **57**

Primary Registration District No. **4085**

Registrar's No. **28**

17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion Co
 (b) City or town Hale
 (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

3. (a) PRINT FULL NAME Belle Allen

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

4. Sex Female 1 race White 2 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Assas Allen 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased July 31 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 1 5 hr. _____ min.

9. Birthplace Canoe Co Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Stephen Green

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

14. Maiden name Emma Miller

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

16. (a) Informant Mrs. Hobb Evans
 (b) Address Hale Mo

17. (a) Burial (b) Date thereof Sept 7 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colona Cemetery

18. (a) Signature of funeral director Frank S. Tate
 (b) Address Hale Mo

19. (a) 9-7-42 (b) Max Edgar Smith
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Hale
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? all of life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
 year 1942 hour 1 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June
 _____, 1942 to Sept, 1942
 that I last saw her alive on Sept 15, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion

Due to Cancer of Stomach 5 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations H6

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Dr. A. A. Welsh (M. D. or other) DO.
 Address Hale, Mo Date signed 9-7-42

RECEIVED

District Health Officer No. 8,

No. Number

10-9-42

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 *Francis E. Slater*

Licensed Embalmer No. *937*

P. O. Address *Alle 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.