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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 39

Primary Registration District No. 30.1-5190

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton, Carroll County, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No. 2, St. Joseph, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 yrs - 9 mo - 23 days  
(Specify whether years, months or days)  
In this community 7 years - 9 months - 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME

L. S. ALLEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Nannie Jane Barnes

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Dec 5 1869  
(Month) (Day) (Year)

8. AGE:

Years 74 Months 8 Days 9  
If less than one day hr. min.

9. Birthplace Virginia, Carroll Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Wm Allen

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

14. Maiden name Nancy Barnes

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

16. (a) Informant Roy Allen

(b) Address Carrollton, Mo. Oak Hill

17. (a) Burial (b) Date thereof Aug 16 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo.

18. (a) Signature of funeral director Stanley

(b) Address Carrollton, Mo.

19. (a) 8-16-44 (b) Mrs. James Keffey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13  
year 1944 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3-10-15-1944 to 8-13-1944  
that I last saw him alive on 8-13-1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia  
Duration 1 week

Due to Pneumonia  
Due to of aorta

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 96  
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 J. H. Morrison (M. D. or other)  
Address State Hospital, St. Joseph, Mo. Date signed 8/15/44

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

1:53

(Licensed Embalmer's Statement on Reverse Side)

Dr. James Stewart  
Special Agent, Bureau of the Census  
Jefferson City, Missouri

Dear Sir:

This party died in his daughter's home here in Carrollton. He had been in the State Hospital at St. Joseph for more than nine years. From which I can find out he and his family were anxious for him to come back here as they knew he could not live much longer and he did die in less than twenty-four hours after his arrival. The family called Dr. Cook and he is quite old and said he didn't know enough about the case to sign the death certificate, so Mr. Standley sent it to St. Joseph for them to sign. I am sure that everything was O. K. and that everything was done for this man that could be. I have known the family and so has Mr. Standley for many years.

Yours truly,

*Mrs. James Raffety*

Mrs. James Raffety  
Registrar

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

*R. M. Marshall*

Licensed Embalmer No.

2525

P. O. Address

*Carrollton 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.

RECEIVED

District Health

District File Number

Date Filed