DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38009

State File No.

REC'D DEC 12 1941

Registration District No. 4070

Primary Registration District No.

Registrar's No. 43

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Jackson, 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: 11 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Jackson
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location) 2

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: George Thomas Allen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Matilda Allen

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: February (Month) 7 (Day) 1865 (Year)

8. AGE: Years: 76 Months: 09 Days: 24 If less than one day: hr. min.

9. Birthplace: Cape Girardeau County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Frank Allen

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

14. Maiden name: Mary East

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

16. (a) Informant's own signature: Thos. K. Allen

(b) Address: Jackson, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 29-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Russell Heights Cem.

18. (a) Signature of funeral director: Wilcoxson Funeral Home

(b) Address: Jackson, Mo.

19. (a) 11-30-41 (Date received local registrar) (b) D. E. Seibert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 28th
year: 1941 hour: minute: 3 A. M.

21. I hereby certify that I attended the deceased from 11-18, 1941, to 11-28, 1941, that I last saw him alive on 11-28-, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to (1): Myocarditis	
(2) - Acute Nephritis	
Due to (3): Hypertension	
(4) - Uremia	
Other conditions (Includes pregnancy within 3 months of death)	

Major findings:
Of operations

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) (e) Means of injury

23. Signature: Gilbert M. Coles (M. D. or other)

Address: Jackson, Date signed: 11-29-41

(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. B H Meyer

Licensed Embalmer No. 3051

P. O. Address. Jackson M

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, above space should be left blank.

V. S. No. 2B
10M—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 38009

Registration District No. 134 Primary Registration District No. 4070 Registrar's No.

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

1. PLACE OF DEATH
(a) County Cape Girardeau
(b) City or town Jackson
(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 years, months or days)
In this community

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

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 7 (Day) 1866 (Year)

8. AGE: Years 76 Months 9 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. Day 28 year 1941 hour p.m. minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

SUPPLEMENTARY

	Duration
Immediate cause of death Acute Nephritis	
Due to Pulmonary Embolism	
Due to Carcinoma Stomach	
Due to Failing circulation and Cardiac Dilatation	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 130

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 Allen Dr Estes (M. D. or other)
Address Jackson Mo. Date signed 1-3-42

50M-4-17-39
Rev.