

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 14 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38700
Registrar's No. 54

Registration District No. 212

Primary Registration District No. 4326

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Olean
(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 Louis Allee

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 Robert 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased June 27 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 4 4 hr. min.

9. Birthplace Moniteau County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Cain

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

14. Maiden name Eliza Cain

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

16. (a) Informant Mrs. W. Layne

(b) Address Olean, Missouri

17. (a) Burial (b) Date thereof 11-3-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 43 (b) W. J. Ayers
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Olean
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1943 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 1941
to Oct 31 1943

that I last saw her alive on Oct 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hr

Due to Antenatal toxemia & Myocarditis years

Due to

Other conditions (Include pregnancy within 3 months of death) 93 e!

Major findings: Of operations

Of autopsy

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. J. Ayers (M. D. or other)
Address Lumbordia Mo Date signed 11-3-43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Miller County Health Dep't.

County File Number 43-197

Date Filed 12-6-43

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.....

Louis D. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.