

DEC 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43462
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township W Primary Registration District No. 2569 Registered No. _____
(c) City Joplin (d) Street No. R 3 _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Infant daughter Edward Allen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-10-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ✓ hrs. or min. 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co., Mo.

FATHER 13. NAME Edward Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco, Mo.

MOTHER 15. MAIDEN NAME Lucille Teaney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Mo.

17. INFORMANT (ADDRESS) Edward Allen

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 12/11/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. ...

20. FILED 12-12-38 19 38 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-38

22. I HEREBY CERTIFY, That I attended deceased from 12-10-38 to 12-10-38

I last saw him alive on Stillborn 19 38 Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

Stillborn
Hydrocephalus
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. H. ... D. O. _____
(Address) Joplin, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. X14023

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.....

Licensed Embalmer No. *959*

P. O. Address *Spencer Mass*

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, above space should be left blank.