

REC'D APR 24 1939

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

11431
Do not use this space.

1. PLACE OF DEATH
(a) County Lin Registration District No. 502
(b) Township _____ Primary Registration District No. 4305
(c) City Marceline (d) Street No. Culman Memorial Hospital Registered No. 11
(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. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Paulmon Allen
(a) Residence, No. Home City MO St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 2 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Horse & mule
9. Industry or business in which work was done, as saw mill, bank, etc. Trader
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) Russene Mo. C

FATHER
13. NAME M. F. Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Iowa

MOTHER
15. MAIDEN NAME Alise Baland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Russene Mo

17. INFORMANT Mrs M F Allen
(ADDRESS) 2940 E 28th St KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Russene Mo DATE March 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James McLaughlin
Marceline Mo

20. FILED 3-27, 1939 Oliver Barrett
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:
Accidental death
Crushed leg Horses
in Stock car
Other contributory causes of importance:
(chest crushed)
(Coroner View)

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 3/23, 1939
Where did injury occur? W. & S. Ry train Marceline Mo
(Specify city, or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Crushed leg Horses
Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify was a Horse trader
(Signed) Frank Seeger, M. D.
(Address) Coronee Russene Mo
Woodsfield Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 10-89-602

Date Filed APR-1-1969

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,

Blanche M. Laughlin

or by *Dale Burch*

Registered Apprentice No. *149*, working under my personal supervision.

Signed *Blanche M. Laughlin*

Licensed Embalmer No. *1969*

P. O. Address *Marceline Me*

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.