DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 12 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39891

Registration District No. 406 Primary Registration District No. 424 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper 3

(b) City or town Carl Junction (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Du Pont Powder Co. (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 31 yrs

3. (a) PRINT FULL NAME Raymond Allen 45

3. (b) If veteran, name war None

3. (c) Social Security No. 487-09-0734

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Helen Allen

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Dec (Month) 31 (Day) 1907 (Year)

8. AGE: Years 31 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Carthage Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Powder Co. Worker

11. Industry or business

FATHER 12. Name Mark T. Allen

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

MOTHER 14. Maiden name Allie Parrish

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

16. (a) Informant's own signature Helen Allen

(b) Address Carl Junction Mo.

17. (a) Nov 9 1939 (Burial, cremation, or removal) (b) Date thereof 11-9-1939 (Month) (Day) (Year)

(c) Place: burial or cremation Castlewood Cem.

18. (a) Signature of funeral director Webb City Undt Co.

(b) Address Webb City Mo.

19. (a) Nov 8 1939 (Date received local registrar) (b) Roy A. Gmelle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 1

(c) City or town Carl Junction (If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1939 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from Nov 7th, 19..., to ..., 19...; that I last saw him alive on November 7, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Explosion of Dynamite Accident Body Mangled & Torn into fragments	
Due to Explosion of Dynamite at Carl Junction Du Pont Company	
Due to Accidentally Explosion of Dynamite	
Other conditions (Includes pregnancy within 3 months of death)	

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Major findings: Of operations None

Of autopsy None

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) Accident

(b) Date of occurrence Nov 7 1939

(c) Where did injury occur? Near Carl Junction (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Plant (Specify type of place)

While at work? (e) Means of injury

23. Signature A. N. Winchester Coroner (M. D. or other)

Address Joplin, Mo. Date signed 11-7-39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 myself,

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922.

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.