. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25464

Registration District No. AUG 5 1940

Primary Registration District No. 3021

Registrar's No. 80

19
1
2

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community 52 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. R. R. # 4 Carthage, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME James B. Allen 450

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased June (Month) 16, (Day) 1865 (Year)

8. AGE: Years 75 | Months 1 | Days 7 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Wommack
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Son Carl Allen
(b) Address 802 Ohio St. Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/40 (Month) (Day) (Year)
(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City, Missouri

19. (a) JULY 24 40 (Date received local registrar) (b) P. L. Pritchett MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 23 day 23 year 1940 hour 5:15 minute A M.

21. I hereby certify that I attended the deceased from July 17, 1940, to July 23, 1940; that I last saw him alive on July 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

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23. Signature H B Kerr MD (M. D. or other) 3
Address 530 1/2 Main Joplin Mo. Date signed 7/23/40

(Licensed Embalmer's Statement on Reverse Side)

40-8-257

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo.

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.