

FILED SEP 16 1940

Registration District No. 413

Primary Registration District No. 5559-G.

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Thurman Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jasper Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos 23 da
(Specify whether
In this community same
years, months or days)

8. (a) PRINT FULL NAME May Allon 1450

8. (b) If veteran, name war _____ 3. (c) Social Security No. 490-05-0301

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Allon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3 1912
(Month) (Day) (Year)

8. AGE: Years 28 Months 5 Days 17 If less than one day hr. _____ min.

9. Birthplace Bartlesville Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation 10th Floor Clerk

11. Industry or business _____

12. Name Herman Neulsman

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

14. Maiden name Mary Lonly

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

16. (a) Informant Records

(b) Address _____

17. (a) Burial (b) Date thereof Aug 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walt City Cem

18. (a) Signature of funeral director Walt City Cem

(b) Address Walt City Mo

19. (a) AUG. 16. 40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis Co.
(c) City or town Thellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1653 Vassien
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1940 hour 90 minute 30 a M.

21. I hereby certify that I attended the deceased from Nov 3 1940 to Dec 15 1940
that I last saw her alive on Dec 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____

Other conditions 28
(Include pregnancy within 3 months of death)

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? _____

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While at work? _____ (Specify type of place)
(2) Means of injury _____
23. Signature Joe E. Douglas (M. D. or other) _____
Address Walt City, MO Date signed 12/16/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

40-9-345

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. *3932*

P. O. Address *Webb City, Mo*

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

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