

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

850

FILED NOV 12 1940

I. PLACE OF DEATH:

(a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits write "RURAL" and name of township)
 (c) Name of hospital or institution: 1025 Pythian Ave 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits write "RURAL")
 (d) Street No. 1025 Pythian
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME

John Quincy Allen

(b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or Colored 6. (a) Single, widowed, married, divorced Div
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased Sept 6 1940
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15
 year 40 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-14, 1940, to 10-15, 1940
 that I last saw him alive on 10-15-40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Acute enteritis result of improper feeding
 Duration 3 days

Due to _____
 Due to _____
 Other conditions HAH
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____
 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? 994
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Urban Bursell (M. D. or other) _____
 Address Springfield Mo Date signed 10-16-40

8. AGE: Years 1 Months 0 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name John Quincy Allen Sr
 13. Birthplace Unknown Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Starkrey
 15. Birthplace Unknown Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Lena Allen
 (b) Address 1025 Pythian

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

(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director W. Campbell
 (b) Address 867 Wash. Ave

19. (a) 10-16-40 (b) W.E. Handley MD
 (Date received local registrar) (Registrar's signature)

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

6-11-73 3:01

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.....

P. O. Address.....

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.