

JAN 16 1941

Registration District No. 384

Primary Registration District No. 4227

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County HOWELL  
(b) City or town WEST PLAINS, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
205 E. MAIN ST.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 55 years. years, months or days 2

3. (a) PRINT FULL NAME HUGH COLUMBUS ALLEN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ETHEL PAUL ALLEN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased OCTOBER 7, 1878  
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace HAWKINS CO., TENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business FRUITS, VEGETABLES, BEVERAGES

12. Name T. F. ALLEN

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

14. Maiden name MARY C. BALDWIN

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

16. (a) Informant Mrs. Ethel Allen

(b) Address WEST PLAINS, MO.

17. (a) BURIAL (b) Date thereof DEC 22, 1940  
(Burial, cremation, or removal) OAK LAWN CEM. (Month) (Day) (Year)

(c) Place: burial or cremation WEST PLAINS, MO.

18. (a) Signature of funeral director Hal Thompson

(b) Address WEST PLAINS, MO.

19. (a) 12-22-40 (b) Vida W. SIMONS  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL  
(c) City or town WEST PLAINS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 E. MAIN  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 20  
year 1940 hour 11; minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 17, 1940 to Dec 20, 1940  
that I last saw him alive on Dec 19, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 3 days  
Coronary sclerosis 5 yrs  
Arteriosclerosis

Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
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? 244  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. Royce Bolner (M. D. or other) me  
Address West Plains, Mo Date signed 12-3-40

**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 \_\_\_\_\_

*Hal Thomburg*

Licensed Embalmer No. \_\_\_\_\_

*3400*

P. O. Address \_\_\_\_\_

*West Plains, 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.**