No. 2
4-13-40
5-17-39
I X23159

12
0
0

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

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1966

Registration District No. 89 Primary Registration District No. 5131 Registrar's No. 49

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County BUTLER
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Mi So Wappapello Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME FRANKLIN LEE 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 SINGLE
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased APR (Month) 28 (Day) 1938 (Year)

8. AGE:	Years	Months	Days	If less than one day
	2	8	12	hr. min.

9. Birthplace BUTLER Co (City, town, or county) MO (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name ROBERT ALLEN
13. Birthplace Greenville (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Jennie Bounds
15. Birthplace Greenville (City, town, or county) MO (State or foreign country)

16. (a) Informant Robt Allen
(b) Address R.F.D. #2 Wappello Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Little Brushy Cem.
18. (a) Signature of funeral director N.T. Phelps
(b) Address Poplar Bluff Mo
19. (a) 2/3/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1941 hour 2 minute 50 A.M.

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

	Duration
Immediate cause of death Lymphatic leukemia	
Due to Acute	6 Mo.
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Poplar Bluff, Mo Date signed 1/12/41

(Licensed Embalmer's Statement on Reverse Side)

9 Knecht

333

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by .....

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

working under my personal supervision.

Signed N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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, fact should be so stated above.