

**MAR 17 1941**  
Registration District No. 908

Primary Registration District No. 2020

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

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1101 Jersey 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 Unknown  
years, months or days

3. (a) PRINT FULL NAME Bell Allen  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Barney Allen  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan. 15, 1876  
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 1  
If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hartsville, Wright Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business HOME

MOTHER FATHER { 12. Name A. M. Hensslee,

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

14. Maiden name Unknown

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

16. (a) Informant Cora Mae Jeffords,

(b) Address 1101 Jersey St., Carthage, Mo.

17. (a) Burial (b) Date thereof Feb. 18, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo.

19. (a) Feb. 17, 1941 (b) E. G. McIntire, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49  
 (a) State Missouri (b) County Jasper  
 (c) City or town Carthage, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1101 Cedar St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16,  
 year 1941 hour 9:00 minute P. M. 16

21. I hereby certify that I attended the deceased from February 3rd  
 \_\_\_\_\_, 1941 to \_\_\_\_\_, 1941;  
 that I last saw her alive on February 3rd 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Anemia  
 Duration 13 days

Due to Cholera

Due to Hypertension 10 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations None

Of autopsy None

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) No

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None  
(Specify type of place) (e) Means of injury

23. Signature George H. Ward (M. D. or other) M. D.  
 Address 304 Grant St. Date signed 2/17/41

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 Sam E. Sencener JB

Licensed Embalmer No. 4099

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, fact should be so stated above.