No. 2
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X23159

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

FILED MAY 13 1941

Dr. Feller

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14573

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 347

1. 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: 1920 Roosevelt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 4 Months 1

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1920 Roosevelt (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Barney Allen
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Jan (Month) 4 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
69	3	18	____ hr. ____ min.

9. Birthplace Wright County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Taxi Operator
11. Industry or business
FATHER 12. Name Ben Allen
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Nancy Bennett
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Andy McCormack
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Joplin, Missouri
18. (a) Signature of funeral director Hulburt Funeral Home
(b) Address Joplin, Missouri
19. (a) 4-23-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

(Licensed Embalmer) Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1941 hour 4 minute 45 a. M.
21. I hereby certify that I attended the deceased from Apr 14, 1941, to Apr 22 —, 1941, that I last saw him alive on 4-18 —, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hydro Nephrosis R Kidney
Due to 3 1 year
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 C. E. Feller (M. D. or ~~other~~) D
Address Springfield Mo. Date signed 4/23/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.