

No. 2
4-13-40
1-17-39
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DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18513

FILED JUN 19 1941

Registration District No. 604 Primary Registration District No. 579C Registrar's No.

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town La Forge, Mo.
(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 6 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County New Madrid
(c) City or town near La Forge, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME JOHN LEONARD ALLE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5
year 1940 hour _____ minute _____ M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mattie Allen 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Aug 18-1893 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/1, 1941, to 6/5, 1941; that I last saw him alive on _____, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 8 Days 18 If less than one day hr. _____ min. _____

Immediate cause of death Acute Dilatation of heart
Due to Influenza

9. Birthplace East Chaine, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation farmer

Due to _____
Other conditions (Include pregnancy within 3 months of death) 27 B

MOTHER FATHER
11. Industry or business farmer
12. Name M. Allen
13. Birthplace New Mo. (City, town, or county) (State or foreign country)
14. Maiden name Russell Bradley
15. Birthplace 1 Ky (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Mattie Allen
(b) Address New Madrid Mo.
17. (a) Burial (b) Date thereof June 6-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Pleasant
18. (a) Signature of funeral director J. M. Shelton
(b) Address East Chaine, Mo.
19. (a) 24/17/41 (b) M. G. ... (Date received local registrar) (Registrar's signature)

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? 533 (Specify type of place) _____
While at work? _____ (e) Means of injury 2
23. Signature M. G. ... (M. D. or other) 20
Address Sikeston Mo Date, signed _____

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

2000

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

Travis Shelby

Licensed Embalmer No.

272

P. O. Address

East Prairie, 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.