

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19739

State File No.

17442

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Southeast Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

CARL MITCHEL 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

MAY

8

1941

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

0

0

5

hr.

min.

9. Birthplace

CAPE GIRARDEAU

(City, town, or county)

Mo. 0

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

UNKNOWN

13. Birthplace

UNKNOWN

14. Maiden name

Sylvia ALLEN

15. Birthplace

LEORA

(City, town, or county)

Mo. 0

(State or foreign country)

16. (a) Informant

Mr. John Senn

(b) Address

Cape Girardeau Mo.

17. (a)

Burial

(b) Date thereof

MAY 14 1941

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

FAIR MOUNT CEMETERY

18. (a) Signature of funeral director

L. J. Heman

(b) Address

Cape Girardeau Mo.

19. (a)

5-14-41

(b)

John Senn

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

MAY

day 13

year 1941

hour 6

minute 30 P.M.

21. I hereby certify that I attended the deceased from

8

1941

to

May 13

1941

that I last saw him alive on

19

and that death occurred on the date and hour stated above.

Immediate cause of death

Premature Newborn

Duration

Due to

Congenital Heart Disease

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Address

D. B. Elrod
Cape Girardeau Mo

(M. D. or other)

Date signed 5/14/41

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. 3676

P. O. Address Cape Girardeau, 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.