

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22278

Registration District No. 821 Primary Registration District No. 5501 Registrar's No.

1. PLACE OF DEATH:

(a) County: New Madrid
(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.
In this community years, months or days

3. (a) PRINT FULL NAME Eveleena Allen

3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced. 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years 7. Birth date of deceased June 19 1940 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 1 0 7 hr. min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.

12. Name Luther Allen
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
14. Maiden name Elvie McCullin
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Luther Allen
(b) Address New Madrid Co. Missouri Rural

17. (a) Burial (b) Date thereof 6-27-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McMullin Missouri

18. (a) Signature of funeral director H. H. H. (b) Address Sikeston, Missouri

19. (a) 7-3-41 (b) H. H. H. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1941 hour 4 minute P: M.

21. I hereby certify that I attended the deceased from June 24, 1941, to June 24, 1941, that I last saw him alive on June 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration & Asphyxia Duration 2 wks.

Due to Colitis

Due to 114 W

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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?

530 (Specify type of place) While at work? (c) Means of injury
23. Signature H. H. H. Sikeston, Mo. Date signed 6-27-41

JUL 12 1941

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

H. J. Welsh

Licensed Embalmer No. 774

P. O. Address: Sikeston, 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.