

No. 2
13-40
17-39
X23159

38938

State File No.

FILED DEC 10 1941
Registration District No. 087

Primary Registration District No. 4361

Registrar's No. 64

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town Paducah
 (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 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Paducah
 (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 Timothy Allen
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male 5. Color of race Black 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Hellen Allen 6. (c) Age of husband or wife if alive deceased 1888
 7. Birth date of deceased (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 9th year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Nov 5 - 1941, 1941 to 10/9, 1941;
 that I last saw him alive on 10/9/41, 1941;
 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 430

9. Birthplace St. Louis County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Don't know

13. Birthplace (City, town, or county) (State or foreign country) Don't know

14. Maiden name Don't know

15. Birthplace (City, town, or county) (State or foreign country) Don't know

16. (a) Informant Henry Henry
 (b) Address Paducah, Mo.

17. (a) burial (b) Date thereof 11/10/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Paducah

18. (a) Signature of funeral director Edith Funeral Home
 (b) Address Paducah, Mo.
 19. (a) Nov. 19, 1941 (b) May W. Cook
 (Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature H. T. Collier (M. D. or other) (M.D.)
 Address Paducah, Mo. Date signed _____

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

MOTHER FATHER

Duration _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1244-1638

Date Filed 12/8/41

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.....

Not Embalmed, 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 with the above constitutes grounds for revocation of license.)

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