

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1870

FILED JAN 30 1943

Registration District No. 2

Primary Registration District No. 3009

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cape Girardeau
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days) 1934-1942

3. (a) PRINT FULL NAME

James T. Allen

3. (b) If veteran

name war

3. (c) Social Security

No. 490-05-4367

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Double

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June (Month)

5 (Day) 1915 (Year)

8. AGE:

Years

Months

Days

If less than one day

26 6

hr. min.

9. Birthplace Drew, Mississippi

(City, town, or county)

(State or foreign country)

10. Usual occupation Salesman

11. Industry or business Automobile

12. Name Theresa Allen

13. Birthplace Enpatria, Miss.

(City, town, or county)

(State or foreign country)

14. Maiden name Maggie Lou Allen

15. Birthplace Enpatria, Mississippi

(City, town, or county)

(State or foreign country)

16. (a) Informant Lillie Allen

(b) Address Cape Girardeau

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 12-7-41

(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Asa Hough

Fun Home

(b) Address Cape Girardeau, Mo.

19. (a) 12-9-41

(Date received local registrar)

(b) J.W. Phelps

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir.
(c) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1432 Rose St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 41 hour ? minute ? M.

21. I hereby certify that I attended the deceased from Aug 1
1941 to 12-5-41
that I last saw him alive on 11-29
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative disease of spinal cord etiology unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Lesion of spinal cord awaiting microscopic section.

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)

(c) Means of injury D

23. Signature R.A. Ritter, M.D. (M. D. or other)
Address Cape Girardeau, Mo. Date signed 12-8-41

(Licensed Embalmer's Statement on Reverse Side)

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

1614

APR 16 1948

RECEIVED

District Health Officer No. 4
District File Number 1-42-10
Date Filed 1-15-42

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

W. H. Esbs

Licensed Embalmer No. 3568

P. O. Address

Cape Girardeau

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.