

No. 2
4-13-40
5-17-39
P-I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17945

FILED JUN 10 1942

State File No. _____

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 377

9
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield Rural-Campbell
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year, 26 Days
(Specify whether
In this community 1 Year, 26 Days
years, months or days)

3. (a) PRINT FULL NAME ALLSOP, Lawrence E.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced, separated

6. (b) Name of husband or wife Mary Allsop 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased November 3 1907
(Month) (Day) (Year)

8. AGE: Years 34 Months 6 Days 9 If less than one day
hr. min.

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

10. Usual occupation Automobile mechanic

11. Industry or business _____

12. Name Thomas M. Allsop

13. Birthplace unknown 9 Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ellie Baker

15. Birthplace unknown 9 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant deceased

(b) Address _____

17. (a) Removal (b) Date thereof May 18, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salt Lake City, Utah

18. (a) Signature of funeral director Thieme

(b) Address Springfield Mo.

19. (a) 5-13-42 (b) B. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Utah (b) County Salt Lake
(c) City or town Sandy
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 2
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 4 minute 15 AM.

21. I hereby certify that I attended the deceased from April 17, 1941, to May 12, 1942;
that I last saw him alive on May 12, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary
Duration 16 Years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 13 P 1

Of autopsy no 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 0

23. Signature S. Barber (M. D. or other) _____
Address MCFP Clinical Director Date signed 5/12/42

484

(Licensed Embalmer's Statement on Reverse Side)

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. 3681

P. O. Address Springfield, 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.

X