

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21834

State File No.

FILED JUL 13 1942

Registration District No. 605

Primary Registration District No. 4359

Registrar's No. 5804

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Parma Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Camp 4400
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 18 d (Specify whether years, months or days)

3. (a) PRINT FULL NAME Michael Randolph Allen

3. (b) If veteran, name war no 3. (c) Social Security No. 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 April 14 - 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
no 2 18 hr. — min.

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

10. Usual occupation —

11. Industry or business —

12. Name Jewell Thomas Allen

13. Birthplace New Madrid County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Myra Gene Wells

15. Birthplace Parma Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jewell Allen

(b) Address Parma no

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 - 42
(Month) (Day) (Year)

(c) Place: burial or cremation Baker Cemetery

18. (a) Signature of funeral director Thomas C Knight

(b) Address Parma Missouri

19. (a) July 2/42 (b) Mrs. S. B. Rademaker
(to receive local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country — 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1942 hour 9 minute 34 A.M.

21. I hereby certify that I attended the deceased from —, 19 —, to —, 19 —;

that I last saw him — alive on —, 19 —;

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

Immediate cause of death The child was dead when brought to my office + death evidently due to asphyxiation from Umbilical Duration —

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: 182
Of operations 16

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence 072

(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 J. H. Gilbert (M.D. or other) 00

Address Parma no Date signed 7242

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.....

Thomas C. Knight

Licensed Embalmer No.....

2189

P. O. Address.....

Parma, 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.