

FILED JUL 16 1942
645
Registration District No. 645

Primary Registration District No. 5854

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

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Rural Bridges T. S.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 56 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark
(c) City or town Gainesville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles up Lick Creek from
Gainesville sup. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jesse Duke Allen
3. (b) If veteran, name war XX
3. (c) Social Security No. 493-14-3922

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1st
year 1942 hour 11 minute 30 P.
21. I hereby certify that I attended the deceased from March 5
1942, to June 1, 1942
that I last saw h. alive on June 1, 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eurette May Allen
6. (c) Age of 62 or wife if alive 62 years
7. Birth date of deceased June 10 1875
(Month) (Day) (Year)

Immediate cause of death Conjunctive Heart failure 6 MO
Due to Mitral regurgitation 10 years

8. AGE: Years Months Days If less than one day
66 11 21 hr. min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 93
Of autopsy _____

9. Birthplace Overton County Tenn. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business _____

MOTHER FATHER { 12. Name John Thomas Allen
13. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Lilly Langford
15. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

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?
(Specify type of place) _____ (e) Means of injury _____

16. (a) Informant Robert Allen
(b) Address Gainesville, Mo.
17. (a) Burial (b) Date thereof 6-2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lilly Ridge Cemetery
18. (a) Signature of funeral director M. L. Marler
(b) Address Gainesville, Mo.
19. (a) June 3, 1942 Margaret Hitchman
Date received local registrar (Registrar's signature)

23. Signature M. J. Hoerman (M. D. or other) DO.
Address Gainesville, Mo. Date signed June 2, 1942

This body was not embalmed
Margaret Hutchison Registrar

RECEIVED

District Health Officer No. 6,

District File Number 742-979

Date Filed JUL 14 1942

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.....

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.