

FILED AUG 13 1942
276

Registration District No. 276

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5388

24242

State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Douglass
(b) City or town Near Vanzant Mo (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CLAY CAMP 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Izzie Leona Allen
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased. August 3 1901
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>40</u> | <u>11</u> | <u>5</u> | hr. min. |

9. Birthplace Douglass Co Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER
12. Name John Hosea Harwood
13. Birthplace Mo
14. Maiden name Lena Jane Cleveland
15. Birthplace Wright Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Earnest Allen
(b) Address 1233 Chicago Ave - Evanston Ill
17. (a) Burial (b) Date thereof 7-10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blanche Mo
18. (a) Signature of funeral director Steph Steph
(b) Address Mountain Grove Mo
19. (a) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Evanston-1233 Chicago Avenue
(If outside city or town limits, write "RURAL")
(d) Street No. 110 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1942 hour 10 am minute M.
21. I hereby certify that I attended the deceased from 10 as dead
when I saw her.
that I last saw her 19 alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture base of skull. Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 195e1

PHYSICIAN
Major findings: 99
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 034
(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 11
23. Signature Dr. W. L. ... (M. D. or other)
Address Ind. ... Date signed 7-12-42

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

RECEIVED

District Health Officer No. 6,

District File Number 842-1078

Date Filed AUG 11 1942

AUG 31 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.....

George Stapp

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24242

Registration District No. 276

Primary Registration District No. 5388

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Douglas rural
(b) City or town _____
(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 _____ (Specify whether
In this community 9 days
years, months or days)

3. (a) PRINT FULL NAME Lizie Leona Allen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years 40 Months mo Days _____ if less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 10-1-42 (b) Thomas S. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I first saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture base of skull Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of 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 _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

R W Kennedy no
not found, no

William Walker

see no

no 5-82