

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6212

FILED MAR 10/1943

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Marion Rural
(c) Name of hospital or institution: Home
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Geraldine Allen
3. (b) If veteran, — name war. 3. (c) Social Security No. —

4. Sex Female 5. Color or race white
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 Jan - 8 - 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. min.

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

10. Usual occupation Baby

11. Industry or business

12. Name S.D. Allen
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Alma Knight
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant S.D. Allen
(b) Address Marion Rural

17. (a) (Burial, cremation, or removal) — (b) Date thereof Feb 6 - 43
(Month) (Day) (Year)

(c) Place: burial or cremation Lynn Oak

18. (a) Signature of funeral director Landers
(b) Address Campbell

19. (a) 2-5-43 (b) —
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Marion Rural
(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 Feb day 8 year 1943 hour 8 minute 15 M.

I hereby certify that I attended the deceased from Jan 31 to Feb 5, 1943
that I last saw him alive on Feb 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bonded Pneumonia

Due to Acute Pulmonary

Due to —

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

Major findings: Of operations —

Of autopsy —

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 Feb 6/43

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

RECEIVED

District Health Office No. 2

District File Number 243-20

Date Filed 2-8-43

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.