

U. S. No. 2
OM-9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

LA. 318 m. Higgins
14511
State File No. 14511
Registrar's No. 225

FILED MAY 13 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 225

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

(c) Name of hospital or institution: _____
(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 _____ (Specify whether _____)

In this community 142 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Clarence A Allen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 17
year 1943 hour 12:45 minute a. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maudie Allen

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

7. Birth date of deceased October 18, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1941 to April 14, 1943

that I last saw him alive on April 14, 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>5</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis

Due to Silicosis

Duration 2 1/2 yr

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

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

Due to _____

10. Usual occupation miner

11. Industry or business _____

12. Name William Allen

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

14. Maiden name Janet Ketter

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Maudie Allen

(b) Address Rt #3 Jasper Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director W. H. Clayton

(b) Address W. H. Clayton

19. (a) 4-17-43 (Date received local registrar) (b) G. E. ... (Registrar's signature)

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 J. M. ... (M. D. or other) _____

Address Jasper Mo Date signed 4-17-43

43-4-407

255

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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 Myself.

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.