Dr M. O. Coombs

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 204

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since birth (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 511 North Pearl Dr
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Micheal Allen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 14 (Day) 1943 (Year)

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

9. Birthplace Joplin (City, town, or county) MO (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Victor C. Allen
13. Birthplace Baxter Spgs (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Betty Gregg
15. Birthplace Joplin (City, town, or county) MO (State or foreign country)
16. (a) Informant Victor C. Allen
(b) Address 511 North Pearl Dr
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem
18. (a) Signature of funeral director Harmhill Dillon
(b) Address 4th & Wall Ave Joplin
19. (a) 4-6-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1943 hour 9 minute 20 a M.
21. I hereby certify that I attended the deceased from March 14, 1943, to Apr 4, 1943
that I last saw him alive on April 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Premature
Due to Cause unknown
Due to
Other conditions 154
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature M O Coombs (M. D. or other)
Address Joplin Date signed Apr 4 1943

(Licensed Embalmer's Statement on Reverse Side)

48-4-35-P

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.....Don Petriak

Licensed Embalmer No.....4008

P. O. Address.....Joplin, 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.