

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24571

State File No. \_\_\_\_\_

Registrar's No. 231

Primary Registration District No. 3010

## 1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 minutes  
In this community 6 mos 28 days (Specify whether years, months or days)

## 3. (a) PRINT

FULL NAME Jerry Lee Allen

## 3. (b) If veteran,

name war. \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
7. Birth date of deceased December 12 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 6 28 hr. min.

9. Birthplace Cape Girardeau Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Richard Allen

13. Birthplace Wayne County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Goldie Doggett

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

16. (a) Informant Mrs. Goldie Allen

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 7-11-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hobbs Chapel Cemt.

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 7-23- (b) P.H. Phelps  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Cape R.F.D. # 2  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th  
year 1943 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 9th, 1943 to July 10, 1943,  
that I last saw him alive on July 10th, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis Duration 8 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: no operations

Of operations \_\_\_\_\_

Of autopsy No 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 P.C. Reller, M.D. (M. D. or other) \_\_\_\_\_

Address Cape Girardeau, Mo. Date signed 7-15-43

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

RECEIVED

District Health Officer No. 4

District File Number 843-2567

Date Filed 8-10-43

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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.....

.....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.