

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28128

State File No. _____

Registrar's No. 64

FILED AUG 16 1943

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Mo. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reynolds Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hr. (Specify whether
In this community Clarkton community years, months or days)

3. (a) PRINT
FULL NAME

Phyllis Jeanette 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 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept. 25 42
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 11 0 hr. min.

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

10. Usual occupation Baby

11. Industry or business _____

12. Name Horice Allen

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

14. Maiden name Thelma Hatten

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

16. (a) Informant Thelma Hatten

(b) Address Clarkton Mo.

17. (a) Burial (b) Date thereof July 15 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cayton

18. (a) Signature of funeral director Landless F. Horne

(b) Address Dunklin Mo.

19. (a) 7-18-1943 (b) Juba Blawie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Clarkton
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1943 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-14 1943 to 7-14 1943

that I last saw him alive on 7-14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery

Due to _____

Due to _____

Other conditions underlying cause
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9

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?
(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature R. B. Wilson (M. D. or other) _____

Address Kennett Mo. Date signed 7-14-43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 843-1034

Date Filed 8-11-43

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.....

not.
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.