

29440

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED SEP 13 1943

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town MARSHALL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Putman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT
FULL NAME

Virginia B. 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 Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if
alive ✓ years

7. Birth date of deceased MARCH 13 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 4 28 hr. min.

9. Birthplace SALINE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation Drug Clerk

11. Industry or business

12. Name Jess Allen
13. Birthplace SALINE CO MO
(City, town, or county) (State or foreign country)
14. Maiden name Lidia Tipson
15. Birthplace MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tom Ballew
(b) Address MARSHALL MO

17. (a) Burial (b) Date thereof Aug 13 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ride PARK

18. (a) Signature of funeral director Don Short
(b) Address MARSHALL MO

19. (a) Aug 16 43 (b) Wm T. O'Leary
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SALINE
(c) City or town MARSHALL
(If outside city or town limits, write "RURAL")
(d) Street No. No. Odell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 7-18-43
1943 to 8-10- 1943

that I last saw h. Ex alive on 8-10- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 23 hr

Due to 127 hr

Due to 127 hr

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Complete intestinal obstruction from adhesions
Of operations ✓
Of autopsy ✓

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?

While at work (Specify type of place) (e) Means of injury

23. Signature H. C. Putnam (M. D. or other)
Address Marshall MO Date signed 8-13-43

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-10-43

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.....

Donald W. Short

Licensed Embalmer No.....

3757

P. O. Address.....

Marshall me

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.