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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3714

State File No.

Registration District No. 244

Primary Registration District No. 5834

Registrar's No.

1. PLACE OF DEATH:

(a) County: NEWTON

(b) City or town: RURAL - MARION TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DIAMOND R#1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: NEWTON

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

(d) Street No.: DIAMOND MO R#1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: JOHN WESLEY ALLAN

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

6. (b) Name of husband or wife: JANUARY

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

7. Birth date of deceased: JANUARY (Month) 26 (Day) 1932 (Year)

8. AGE: Years 11 Months 11 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace: DIAMOND (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: IN School

11. Industry or business .....

MOTHER FATHER

12. Name: HOMER ALLAN

13. Birthplace: DIAMOND (City, town, or county) MISSOURI (State or foreign country)

14. Maiden name: BESS RYNO

15. Birthplace: DIAMOND (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: Homer Allan

(b) Address: Diamond Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-9-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Diamond Missouri

18. (a) Signature of funeral director: Cozy Thompson

(b) Address: Neosho Mo

19. (a) 1-8-1944 (Date received local registrar) (b) Mrs. U. S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 7 year 1944 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from July 24, 1943, to Jan 7, 1944 that I last saw h. alive on Jan 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute rheumatic pericarditis	5 MO
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none

Of autopsy: none

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: Melvin McCullough (M. D. or other) D.O.

Address: Neosho, Mo Date signed 1/8/44

1315-

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-11-44

District Health Officer No. .....

District File Number 144-15

Date Filed 2-11-44

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 Carey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.