

DEPARTMENT OF COMMERCE

U.S. BUREAU OF THE CENSUS
FILED MAR 13 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

7999

Registration District No. 277

Primary Registration District No. 441

Registrar's No. 17

1. PLACE OF DEATH

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

3. (a) PRINT FULL NAME Billy Franklin Allen

3. (b) If veteran, name war X 3. (c) Social Security No. Y

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced X 0

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Feb. 1944
(Month) (Day) (Year)

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

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

10. Usual occupation X

11. Industry or business

12. Name George W. Allen

13. Birthplace Moscow Mills Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ellen Smiley

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

16. (a) Informant Mrs. George Smiley

(b) Address Bowling Green Mo.

17. (a) Decedent (b) Date thereof 2 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo.

18. (a) Signature of funeral director Funeral Banker

(b) Address Bowling Green Mo.

19. (a) Feb. 29-44 (b) John Frank Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 W MAIN
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22
year 1944 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 3
1944, to Feb 22, 1944
that I last saw him alive on 2/22
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage Septicemia
Duration 1 day

Due to

Due to

Other conditions:
(Include pregnancy within 3 months of death) 24a

Major findings:
Of operations

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?

While at work? (Specify type of place) (c) Means of injury 2

23. Signature John Frank Baker (M. D. or other)

Address Bowling Green Mo. Date signed 2/23/44

RECEIVED

District Health Officer No. 10

District File Number 3-44-592

Date Filed MAR 10 1944

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.