

No. 2  
-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8041

FILED MAR 19 1944

Primary Registration District No. 5998

Registrar's No. 24

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

1. PLACE OF DEATH:  
(a) County PUTNAM  
(b) City or town POWERSVILLE, Mo.  
(c) Name of hospital or institution: AT HOME / York Twp.  
(d) Length of stay: In hospital or institution: LIFE TIME  
In this community: LIFE TIME

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Putnam  
(c) City or town Powersville, Mo.  
(d) Street No.  
(e) Citizen of foreign country? No. (Yes or No)

3. (a) PRINT FULL NAME JOHN HOWARD ALLEN  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb, day 7, year 1944, hour 4, minutes 20 P.M.  
21. I hereby certify that I attended the deceased from 4 1944 to Feb 7 1944 that I last saw him alive on Feb 4 1944 and that death occurred on the date and hour stated above.

4. Sex MALE  
5. Color or race W.  
6. (a) Single, widowed, married, divorced SINGLE  
7. Birth date of deceased: OCT 29 1913

Immediate cause of death: Pertussis  
Due to pneumonia bronchial  
Other conditions:  
Major findings: 9  
Of operations:  
Of autopsy:

8. AGE: Years 2, Months 23, Days 4, If less than one day: hr 20, min.  
9. Birthplace POWERSVILLE, Mo.  
10. Usual occupation A.T. HOME

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER-FATHER  
11. Industry or business  
12. Name THEROME ALLEN  
13. Birthplace OHIO  
14. Maiden name BETTY ANN FIELDS  
15. Birthplace POWERSVILLE, MISSOURI  
16. (a) Informant MRS CHAS. FIELDS  
(b) Address POWERSVILLE, Mo.  
(c) Place: burial or cremation POWERSVILLE, Mo.

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature L.W. McDonald (M. D. or other)  
Address Powersville Date signed 2/9/44

18. (a) Signature of funeral director  
(b) Address POWERSVILLE, Mo.  
19. (a) (b)

RECEIVED

District Health Officer No. 10

District File Number 3-44-551

Date Filed MAR 8 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.....  
*Body was not*....., Registered Apprentice No.....  
working under my personal supervision. *embalmed*

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.