

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14858**  
Registrar's No. **215**

Registration District No. **156**

Primary Registration District No. **2001**

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

**1. PLACE OF DEATH:**  
(a) County **Jasper**  
(b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Charles Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
(Specify whether  
In this community **11**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Joplin Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2528 Commerce**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

**3. (a) PRINT FULL NAME** **Sarah Florence Allen**  
**3. (b) If veteran,** name war **✓** **3. (c) Social Security** No

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **April** day **24**  
year **1944** hour **8 35** minute **P** M.  
**21. I hereby certify that I attended the deceased from** **Oct 23 1943**  
to **Apr 24 1944**  
that I last saw him alive on **Apr 24 1944**  
and that death occurred on the date and hour stated above  
Immediate cause of death **Diabetes Mellitus** Duration

**4. (a) Sex** **Female** **5. Color of race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Edward Allen** **6. (c) Age of husband or wife if alive** **69** years  
**7. Birth date of deceased** **Sept 19 1872**  
(Month) (Day) (Year)

**8. AGE:** Years **71** Months **7** Days **14** If less than one day  
hr. min.

Due to **Dis of pancreas**  
Due to  
Other conditions (include pregnancy within 3 months of death)  
Major findings: **61**  
Of autopsy

**9. Birthplace** **Doubling, Grand Kentucky** (City, town, or county) (State or foreign country)  
**10. Usual occupation**  
**11. Industry or business** **Housewife**  
**12. Name** **Thomas J. Phleges**  
**13. Birthplace** **Kentucky** (City, town, or county) (State or foreign country)  
**14. Maiden name** **Mollie Magee**  
**15. Birthplace** **Jasper** (City, town, or county) (State or foreign country)

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

**16. (a) Informant** **Rebecca Ruth Smith**  
**(b) Address** **Joplin, Mo**  
**17. (a) Burial** (Burial, cremation, or removal) **(b) Date there** **April 28 1944**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **Paul Dunston Cem**  
**18. (a) Signature of funeral director** **W. L. City**  
**(b) Address** **W. L. City**  
**19. (a) 4-28-44** (Date received local registrar) **(b) [Signature]** (Registrar's signature)

**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** **D. L. Alberts** (M. D. or other)  
**Address** **Card Junction** **Date signed** **Apr 28 1944**

44-4-362

**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 myself

, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Rayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.