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5-43
17-39
X3671

FILED JUN 12 1944
Registration District No. 227

Primary Registration District No. 5466

State File No. _____
Registrar's No. 440

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural - S. Campbell
(c) Name of hospital or institution osteopathic Hospital
(d) Length of stay 3 days
In this community 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Taney
(c) City or town Branson
(d) Street No. 1
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME Lennie Henson Allen
(b) If veteran, name war none
(c) Social Security No. 2226

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month may day 27
year 1944 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 5/19/44
5/21, 1944, to May 21, 1944
that I last saw her alive on May 21, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Le Allen
7. Birth date of deceased June 17 - 1892

Immediate cause of death Coronary occlusion
Duration _____

8. AGE: Years 52 Months 10 Days 4
If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 940

9. Birthplace Waverly Tenn
10. Usual occupation Real estate owner
11. Industry or business _____
12. Name Tom Simpson
13. Birthplace Waverly Tenn
14. Maiden name unk
15. Birthplace Waverly Tenn

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr J. O. Allen
(b) Address Branson
17. (a) Removal (b) Date thereof May 21 - 44
(c) Place: burial or cremation Branson
18. (a) Signature of funeral director R. O. W. Helchel
(b) Address Branson
19. (a) 5-31-44 (b) W. H. Hendry

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? _____
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature T. M. King
Address Springfield Date signed 5/31-44

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

MOTHER FATHER

984

W

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..... *Minnie L. Welchel*

Licensed Embalmer No. *22 77*

P. O. Address *Branson 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.

X