

S. No. 2
M-8-43
5-17-3
I x37

DEAD AUG 25 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 388

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. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community All life
(years, months or days)

3. (a) PRINT FULL NAME Charles Fred Allen

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 Married

6. (b) Name of husband or wife Boss

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 15, 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 20
If less than one day hr. _____ min. _____

9. Birthplace Galena Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Proprietor

11. Industry or business Double A Gas & Oil Co.

MOTHER FATHER

12. Name Charles Allen

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Bull

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Campbell

(b) Address 106 N. Moffett, Joplin, Mo.

17. (a) Burial (b) Date thereof 8-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 8-9-44 (b) Gladys L. Lusk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 106 N. Moffett
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1944 hour 10:00 A. M. minute _____ M. _____

21. I hereby certify that I attended the deceased from 7-25-44, 19 to 8-5-44, 19
that I last saw him alive on 8-5-44, 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cholecystitis + Cholelithiasis

Due to Hypostatic Pneumonia

Due to Acute Toxic Psychoses -

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

Duration: 7-25-44, 8-2-44, 8-2-44

Major findings: Diseased Gall Bladder + Stone in Gall Bladder

Of operations

Of autopsy

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 Walter Hurlbut (M. D. or other)

Address Joplin Mo Date signed 8/9/44

1204

44-8-660

6344

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..... *Perry K. Fireburd*

Licensed Embalmer No..... *959*

P. O. Address..... *Japan Moos*

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.