

S. No. 2  
M-5-42  
v. 5-17-39  
I X32873

30876

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 10 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 754

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
701 S. New  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 25 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield, 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 701 S. New  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Mark Edward Allen  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9 - ~~17~~ day 17  
year 1944 hour 8 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 1-10-1944 to 9-17-1944  
that I last saw him alive on 9-17-1944  
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Mrs. Olive Allen 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased November 7, 1875  
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction  
regurgitated  
Due to "flu"  
Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>10</u>	hr. min.

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Major findings: Of operations .....  
Of autopsy .....

9. Birthplace Oskaloosa, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman  
11. Industry or business Packing Company

12. Name Joseph Allen  
13. Birthplace Unknown, Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Buckner  
15. Birthplace Unknown, Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olive Allen  
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Sept. 18, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer  
(b) Address Springfield, Missouri

19. (a) 9-18-44 (b) R. W. Handley  
(Date received local registrar) (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? .....  
(Specify type of place) (e) Means of injury .....

23. Signature W. Kelly (M. D. or other) 0  
Address Springfield, Mo. Date signed 9-17-44

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

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

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**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 Lewis G Scherpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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