

FILED DEC 9 1944

Primary Registration District No. 3010

Registrar's No. 397

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 221 Mills St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 years (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Lorene Jones Allen

3. (b) If veteran, _____ name war _____ 3. (c) Social Security No. 486 20 6241

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 12, 1905 (Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 11 If less than one day hr. _____ min.

9. Birthplace Cape Girardeau, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Maid in Department Store

11. Industry or business J. C. Penny Store

12. Name Enoch Jones

13. Birthplace Cape Girardeau Missouri (City, town, or county) (State or foreign country)

14. Maiden name Maude Randol

15. Birthplace Cape Girardeau, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Enoch Jones

(b) Address 221 Mill Street

17. (a) Burial (b) Date thereof Nov. 29, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Missouri

19. (a) 11-27-44 (b) F. J. Sparks (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 221 Mills St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1944 hour 7:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Nov. 22nd 1944 to Nov. 23rd 1944
that I last saw her alive on Nov. 22nd 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage Duration 24 hrs.

Due to ?

Due to deceased had asthma for many years.

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

Major findings: Of operations 138

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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature F. J. Sparks (M. D. or other) _____
Address Cape Girardeau, Mo. Date signed 11/27/44

RECEIVED

District Health Officer No. 4

District File Number 1244-4669

Date Filed 12-7-44

JUN 17 1951

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

Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.