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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37986**

FILED DEC 11 1944

Registration District No. **153**

Primary Registration District No. **5578**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town 2 mile northeast Duenweg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (Joplin Township)

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Henry Allen

3. (b) If veteran, name war No

3. (c) Social Security No. 486-05-8390

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oma Allen

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 20 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 5
If less than one day hr. min.

9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Employee

11. Industry or business Atlas Powder Co.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Paul R. Allen

(b) Address Route 4, Carthage, Missouri

17. (a) Burial (b) Date thereof Nov. 30, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curtis Cemetery

18. (e) Signature of funeral director Knell Mortuary Carthage, Missouri

(b) Address Nov. 28, 1944 Mrs. Lilla Lagle

19. (a) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**

(c) City or town Duenweg **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
year 1944 hour 5:45 minute 1 P. M.

21. I hereby certify that I attended the deceased from Did not see him alive 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Hearting
Due to accidental

Other conditions (include pregnancy within 3 months of death)

Major findings: 13-10-36
Of operations
Of autopsy

Duration
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) **049**

(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?

23. Signature Missouri St. Bergele (Specify type of place) (City or town) (County) (State)
Address 3174 Joplin (M. D. or other title) Date signed 11/27/44

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

7900

MOTHER FATHER

1180

44-12-979

APR 17 1953

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 Ernest L. Jones

Licensed Embalmer No. 391

P. O. Address Carthage

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.