

FILED AUG 2 1948

State File No. \_\_\_\_\_

Registration District No. 208

Primary Registration District No. 2000

Registrar's No. 576

1. PLACE OF DEATH: Greene

(a) County \_\_\_\_\_

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Hrs.  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield  
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1024 Pythian Ave.  
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Lena Allen

3. (b) If veteran, name war Nona

3. (c) Social Security No. UNK.

4. Sex Fem. 5. Color or race Col.

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

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

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

7. Birth date of deceased UNK. UNK. UNK.  
(Month) (Day) (Year) 1900

8. AGE: Years 36 Months UNK. Days UNK. If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace UNK. Missouri (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Gil Gray

13. Birthplace UNK. Missouri (1)  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace UNK. Unknown (1)  
(City, town, or county) (State or foreign country)

16. (a) Informant John Allen

(b) Address 1025 Pythian Ave., Spfld., Mo.

17. (a) Burial (b) Date thereof July 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Mem. Cen.

18. (a) Signature of funeral director W. P. Campbell

(b) Address 867 Washington Ave., Spfld., Mo.

19. (a) 7-10-48 (b) W. J. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1946 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 29  
1946 to July 8 1946  
that I last saw her alive on July 8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured uterus following child birth

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions UNK.  
(Include pregnancy within 3 months of death)

Major findings: UNK.  
Of operations \_\_\_\_\_

Of autopsy Ruptured uterus

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) \_\_\_\_\_

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) (b) Means of injury \_\_\_\_\_

23. Signature Walter H. Buske (M. D. or other) M.D.

Address 410 Woodruff Building Date signed 7-10-48

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

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 W. P. Campbell

Licensed Embalmer No. 1747

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.**

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