

FILED SEP 6 1946

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 161

25591
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Kennett Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Presnell Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 minets
(Specify whether
 In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Dunklin 35
 (c) City or town Kennett 2
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No 2
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Paul Allard
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 24
 year 1946 hour 9 minute _____ P.M.

4. Sex WM 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Melva Allard 6. (c) Age of husband or wife if alive 20 years
 7. Birth date of deceased: 9 17 1924
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Hemorrhage 168
Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>II</u>	<u>7</u>	hr. _____ min. _____

Due to Severed Left Femoral Artery
 Due to Fighting

9. Birthplace Kennett Mo 0
(City, town, or county) (State or foreign country)
 10. Usual occupation Licker Store and Dance Hall

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

11. Industry or business _____
 12. Name Henry Allard 0
 13. Birthplace Zelma Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Gillie Amick
 15. Birthplace Trenton Tenn 1
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant Henry Allard
 (b) Address Kennett Mo
 17. (a) Burial (b) Date thereof 8 27 46
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Homicide
 (b) Date of occurrence Aug 24th 1946
 (c) Where did injury occur? Holcomb Dunklin Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
in yard at dance hall

(c) Place: burial or cremation Oak Ridge Cem
 18. (a) Signature of funeral director Lentz Und Co
 (b) Address Kennett Mo
 19. (a) 8-26-1946 (b) Carl Hubbard
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Walter C. Hubbard D. or other Cor
 Address Kennett Mo Date signed 8-26-46

RECEIVED
District Health Office No. 2,
District File Number 946-1047
Date Filed 9-3-46

JUL 21 1950

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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 Walter C. Hawber
Licensed Embalmer No 2002
P. O. Address Ken netl 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.