

FILED SEP 21 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Plains Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

3. (a) PRINT FULL NAME James Montague Allen
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced SO
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased 9 (Month) 17 (Day) 1895 (Year)

8. AGE: Years 50 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER { 12. Name J. M. Allen
13. Birthplace Terre Haute (City, town, or county) Ind (State or foreign country)
14. Maiden name Josephine Nelson
15. Birthplace Bureau Co (City, town, or county) Ind (State or foreign country)

16. (a) Informant Mrs Josephine Allen
(b) Address Chicago, Ill

17. (a) 13 (b) Date thereof 9-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cem.

18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo

19. (a) Oct 8, 1946 (b) Bladys Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell
(c) City or town West Plains
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31
year 1946 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8/25 to 8/31 1946
that I last saw him alive on 8/31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration

Due to Intestinal ac. St. Luekan

Due to

Other conditions (Include pregnancy within 3 months of death) 2B

Major findings:
Of operations 17
Of autopsy 17

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) (e) Means of injury ✓

23. Signature Maurice Thompson (M. D. or other) MO
Address West Plains, Mo Date signed 9/12/46

125

(Licensed Embalmer's Statement on Reverse Side)

Thompson

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

RECEIVED

District Health Officer No. 5.

District File Number 1046568

Date Filed 10-17-46

MAY 27 1947

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3435

P. O. Address West Plains, 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.