

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JUL 26 1947
Registration District No. **128**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County **GREENE**

(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 **3 days** (Specify whether years, months or days)

In this community **life 30 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

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

(d) Street No. **911 N Broadway**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME **Forest Frank Allen**

3. (b) If veteran, name war

3. (c) Social Security No. **491-05-1169**

4. Sex **Male** 5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Minnie Pitts**

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

7. Birth date of deceased **Sept 12 1893**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	7	28	hr. min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

MOTHER FATHER

11. Industry or business

12. Name **Henry Allen**

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

14. Maiden name **Mora Lee Martindale**

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

16. (a) Informant **Maggie Burns**

(b) Address **911 N. Broadway**

17. (a) **Burial** (b) Date thereof **7-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cem.**

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

(b) Address **867 Washington Ave**

19. (a) **7-11-47** (b) **W E Handley M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10** year **1947** hour **9** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Feb 28 1947**, 19 to **June 10 1947**, and that death occurred on the date and hour stated above.

Immediate cause of death **Rupture of Aortic Aneurysm** Duration **1 Day**

Due to

Due to

Other conditions **Cerebral Aneurysm** (Include pregnancy within 3 months of death)

Major findings:
Of operations

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) (e) Means of injury

23. Signature **G. G. Bechtel M.D.** (M. D. or other) **M.D.**

Address **318 1/2 E Commercial** Date signed **July 11 1947**

SEP 12 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. F. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield Ill

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.