

FILED JAN 17 1948
Registration District No. 56

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution St. John
(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 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 901 Grand
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Betty Von Allen

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex F. 5. Color or race N. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased January 12, 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

15	9	22	hr. min.
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9. Birthplace Galena, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business.....

12. Name Leon Allen

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

14. Maiden name Alice Heinher

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

16. (a) Informant Alice Hall

(b) Address 901 Grand, Joplin, Mo.

17. (a) removal (b) Date thereof 11-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill, Galena, Mo.

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin, Missouri

19. (a) 11-6-47 (b) Colores Sanchez
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 3
year 1947 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 9/27/1945, 19....., to November 3, 1947;
that I last saw h. er alive on November 3, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

Signature S. W. Scorse S. W. Scorse, M.D. (M. D. or other)

Address 308 Frisco Bldg, Joplin Date signed 11/5/47

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

Steve Sparks

Licensed Embalmer No. *2548*

P. O. Address *Josephine*

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.