

FILED MAR 5 1948

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 6 306 Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Betty Ann Allen

3. (b) If veteran, name war. X 3. (c) Social Security No. X

4. Sex F 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased September 17, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 2 hr. min.

9. Birthplace Caruthersville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Willie Allen
13. Birthplace Pine Bluff, Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Gracie Jones
15. Birthplace Ripley, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Gracie Allen
(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 2-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Grove Cemetery

18. (a) Signature of funeral director LaForge Und. Co.

(b) Address Caruthersville, Mo.

19. (a) 2/24/1948 (b) Gracie B. Wicks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 306 Grand 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1948 hour 11 minute 45 p.m.

21. I hereby certify that I attended the deceased from Feb. 18 to Feb. 19 1948
that I last saw him alive on Feb. 18 and that death occurred on the date and hour stated above. 1948

Immediate cause of death Bronchial pneumonia 1 wk. Duration

Due to _____

Due to _____

Other conditions (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) (c) Means of injury _____

23. Signature Alley (M. D. or other) _____
Address Alley Clinic Date signed 2-21-48

3-48-63

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 ^{not}.....

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

Signed.....

Noel C. Dean

Licensed Embalmer No. *3941*

P. O. Address *Canthensville*

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.