

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23670**

FILED AUG 4 1948

Registration District No. **239**Primary Registration District No. **5825**Registrar's No. **28**

## 1. PLACE OF DEATH:

(a) County **New Madrid**  
(b) City or town **Como Twsp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3 Mi. Southwest of Catron**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Franklin Wayne Allred**3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married,  
**Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased **June 16 1945**  
(Month) (Day) (Year)

| 8. AGE: | Years    | Months   | Days     | If less than one day |
|---------|----------|----------|----------|----------------------|
|         | <b>3</b> | <b>1</b> | <b>2</b> | hr. _____ min.       |

9. Birthplace **Lilbourn** **Missouri**  
(City, town, or county) (State or foreign country)10. Usual occupation **Child**

11. Industry or business \_\_\_\_\_

12. Name **Ollie Allred**  
13. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lucille Carroll**  
15. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ollie Allred**(b) Address **Lilbourn, Mo.**17. (a) **Burial** (b) Date thereof **7-19-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Mounds Park Cemetery**18. (a) Signature of funeral director **H. L. Ponder**(b) Address **Lilbourn, Mo.**19. (a) **7-31-48** (b) *[Signature]*  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**  
(c) City or town **Como Twsp.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3 Mi. Southwest of Catron**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

23. DATE OF DEATH: Month **July** day **18**  
year **1948** hour **4** minute **P.** M.21. I hereby certify that I attended the deceased from  
**7-18-48** to **7-18-48**, 19\_\_\_\_;  
that I last saw him alive on **7-18-48**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

*Acute Colitis*

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 **2**  
23. Signature *[Signature]* (M. D. or other) **110**  
Address **Barrow, Mo.** Date signed **7/24/48**

RECEIVED

District Health Office No. 2,

District File Number 848-951

Date Filed 8-2-48

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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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.