

FILED DEC-27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43381

State File No. ....

BIRTH NO. <u>333</u>		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>171</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u> c. LENGTH OF STAY (in this place) <u>30yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 1009 N. Ranney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u> d. STREET ADDRESS (If rural, give location) <u>1009 N. Ranney</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Junita</u> b. (Middle) <u>Woods</u> c. (Last) <u>Allen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10/17/1901</u>		9. AGE (in years last birthday) <u>48</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Sugar City, Colo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>P.S. Woods</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BUTLER</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas B. Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T.B. Allen</u> ADDRESS <u>Sikeston Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, primary of colon</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Metastases</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>  <u>153X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar. 3, 1949</u> , to <u>Nov. 30, 1949</u> , that I last saw the deceased alive on <u>Nov. 30, 1949</u> , and that death occurred at <u>2:15 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.S. Hunter</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Sikeston Mo.</u>		23c. DATE SIGNED <u>12-1-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 13 49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home</u> ADDRESS <u>Sikeston Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 19 19

District Health Office No.

District File Number 1249-11

Date Filed

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.

Student .....  
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.