

## FILED AUG 22 1950 STANDARD CERTIFICATE OF DEATH

State File No.

26491

|                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                            |  |                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                    |  | REG. DIST. NO. <u>102</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |  | PRIMARY REG. DIST. NO. <u>4174</u>                                                                                                         |  | Registrar's No. <u>7</u>                                              |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dunklin</u>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>New Mexico</u> b. COUNTY <u>Luna</u> |  |                                                                       |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cardwell</u>                                                                                                                                       |  | c. LENGTH OF STAY (in this place) <u>6 Weeks</u>                                                                                                                                                                                                                                                                                                                                                                                            |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deming</u>                                                 |  | 8300                                                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | d. STREET ADDRESS (If rural, give location) _____                                                                                          |  |                                                                       |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>SIAS</u>                                                                                                                                                                      |  | b. (Middle) <u>LESTER</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |  | c. (Last) <u>ALLEN</u>                                                                                                                     |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 6 - 1950</u>             |  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                                 |  | 6. COLOR OR RACE <u>White</u>                                                                                                                                                                                                                                                                                                                                                                                                               |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                                                      |  | 8. DATE OF BIRTH <u>7-15-1896</u>                                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police man (retired)</u>                                                                                                            |  | 10b. KIND OF BUSINESS OR INDUSTRY _____                                                                                                                                                                                                                                                                                                                                                                                                     |  | 9. AGE (In years last birthday) <u>53</u>                                                                                                  |  | IF UNDER 1 YEAR Months Days Hours Min. <u>8 21</u>                    |  |
| 11. BIRTHPLACE (State or foreign country) <u>Pocharantas, Ark</u>                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                                                                                                   |  |                                                                       |  |
| 13a. FATHER'S NAME <u>John Thomas Allen</u>                                                                                                                                                                                        |  | 13b. MOTHER'S MAIDEN NAME <u>Arrow Sallee</u>                                                                                                                                                                                                                                                                                                                                                                                               |  | 14. NAME OF HUSBAND OR WIFE <u>Mabel Allen</u>                                                                                             |  |                                                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>                                                                                                                                                        |  | 16. SOCIAL SECURITY NO. _____                                                                                                                                                                                                                                                                                                                                                                                                               |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. S.L. Allen, Cardwell, Mo.</u>                                                            |  |                                                                       |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.    |  | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis Pulmonary</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>silicosis</u><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                            |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>MO 2X</u>                  |  |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                       |  | 19b. MAJOR FINDINGS OF OPERATION _____                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                            |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____                                                                                                                                                                              |  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ P. M., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                            |  |                                                                       |  |
| 23a. SIGNATURE <u>Walter Harrison</u> (Degree or title) <u>Coroner</u>                                                                                                                                                             |  | 23b. ADDRESS <u>Deming, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                             |  | 23c. DATE SIGNED <u>4-10-50</u>                                                                                                            |  |                                                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                            |  | 24b. DATE <u>4-9-1950</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Jonasboro, Ark.</u>                                                                                  |  | 24d. LOCATION (City, town, or county) (State) _____                   |  |
| DATE REC'D BY LOCAL REG. <u>4-13-50</u>                                                                                                                                                                                            |  | REGISTRAR'S SIGNATURE <u>E. L. Harrison</u>                                                                                                                                                                                                                                                                                                                                                                                                 |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Turner</u> ADDRESS <u>Cardwell, Mo.</u>                                                         |  |                                                                       |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 8-16-50  
COUNTY FILE NUMBER 850-237

AUG 23 9 06

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed H. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark

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.