

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

BIRTH NO.		REG. DIST. NO. 176		PRIMARY REG. DIST. NO. 2001		Registrar's No. 125	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (In this place) 42 YRS		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 802 OHIO				d. STREET ADDRESS (If rural, give location) 802 OHIO			
3. NAME OF DECEASED (Type or Print) a. (First) CARL		b. (Middle) LEE		c. (Last) ALLEN		4. DATE OF DEATH (Month) (Day) (Year) MAR. 19, 1955	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 8, 1892		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (State or foreign country) WEBB CITY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES ALLEN		13b. MOTHER'S MAIDEN NAME ALMEDA BAINE		14. NAME OF HUSBAND OR WIFE CLEO ALLEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BILL ALLEN, 2626 E. 20			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Mycocarditis INTERVAL BETWEEN ONSET AND DEATH 1 MO. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				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 Feb 20, 1950, to Mar 12, 1955, that I last saw the deceased alive on Mar 15, 1955 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE D. Craig				23b. ADDRESS Joplin		23c. DATE SIGNED 4/30/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-22-55	24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI		
DATE REC'D BY LOCAL REG. 3-31-55		REGISTRAR'S SIGNATURE Edw. James		138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	

County File Number 30-4-116
Date Filed APR 4 - 1955

APR 12 1955

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 Embalmer No.....

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.