

FILED DEC 8 1944
Registration District No. 8394A

Primary Registration District No. 3023

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ward Home
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community one month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 4.20
(c) City or town Clinton (If outside city or town limits, write "RURAL") 1
(d) Street No. 608 So Second (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME J A P T ALLEN

3. (b) If veteran, name war no 3. (c) Social Security No 495-20-5785

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harless Allen 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Aug 14 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 1 hr. min.

9. Birthplace Woodville Ga
(City, town, or county) (State or foreign country)

10. Usual occupation Meat cutter

11. Industry or business meat cutter

12. Name Thomas Jefferson Allen

13. Birthplace Mayfield Ga
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mc Dermont

15. Birthplace Mayfield Ga
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harless Allen

(b) Address Clinton MO

17. (a) Burial (b) Date thereof Nov 12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg MO

18. (a) Signature of funeral director S Ray Subeney

(b) Address Warrensburg MO

19. (a) November 17, 1944 Georgia Kitchener
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15
year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 11-12
1944 to 11-15 1944
that I last saw him alive on 11-15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral occlusion Duration 3 da

Due to This man has long
diabetic for past few
Due to yo

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61
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 G. S. Walker (M. D. or other) M.D.
Address Clinton MO Date signed 11-12-44

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

RECEIVED

Form 1 (Rev. 1-1-68) No. 7

Date of Death 12-4-68

Date Filed 12-7-68

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 S. Ray Swinner

Licensed Embalmer No. 1121

P. O. Address Warrensburg

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.