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

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowry City (Butler township)</u>	
c. LENGTH OF STAY (in this place) <u>2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural a930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Lewis</u>		b. (Middle) <u>Bennett</u>	c. (Last) <u>Allen</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>7 12 54</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>April 13, 1870</u>
9. AGE (In years last birthday) <u>84</u>	10. MONTHS <u>2</u>	11. YEAR <u>29</u>	12. IF UNDER 18 HRS. Hours Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>St. Clair County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John D Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Smith</u>	14. NAME OF HUSBAND—OR WIFE <u>Frانيا Allen</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frانيا Allen</u> ADDRESS <u>Lowry City 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Man shot in forehead, self inflicted</u> ANTECEDENT CAUSES Morbidity 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.		INTERVAL BETWEEN ONSET AND DEATH <u>3 hr</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) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lowry city St. Clair MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 12 1954 7a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Man shot in forehead (2. Rifle)</u>	
22. I hereby certify that I attended the deceased from <u>7-12</u> , 1954, to <u>7-12</u> , 1954, that I last saw the deceased alive on <u>7-12</u> , 1954, and that death occurred at <u>10 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. Walker M.D.</u>		23b. ADDRESS <u>Clinton Mo.</u>	23c. DATE SIGNED <u>7-12-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Landaker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lowry City Rural Mo.</u>
DATE REC'D BY LOCAL REG. <u>July-14-54</u>	REGISTRAR'S SIGNATURE <u>Flornce Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. ...</u>	ADDRESS <u>Oscola Mo</u>

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 J. B. Sanders

Licensed Embalmer No. 3038

P. O. Address Osceola 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.