

MAY 13 1940

Registration District No. 289

Primary Registration District No. 4189

Registrar's No. 26

1. PLACE OF DEATH: Dunklin  
 (a) County Dunklin  
 (b) City or town Malden  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location) 2  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days 6 5 11

8. (a) PRINT FULL NAME Jerris Claudette Allen  
 8. (b) If veteran  name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race F 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar 25 1940  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 15 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Malden Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Bobby J. Allen

13. Birthplace De Sitter Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Betty J. Roebuck

15. Birthplace Malden Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Bobby J. Allen  
 (b) Address Malden

17. (a) Burial (b) Date thereof Apr. 11 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie, Mo.

18. (a) Signature of funeral director W. Craig  
 (b) Address Malden Mo.  
 19. (a) 4-10-40 (b) S. Mitchell  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Dunklin  
 (c) City or town Malden  
 (If outside city or town limit, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Apr. 10 day 10  
 year 1940 hour 11 minute 9 A. M.

21. I hereby certify that I attended the deceased from April 8  
1940, 19 \_\_\_\_\_ to April 10, 1940  
 that I last saw her alive on April 10th, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Intra cranial injury 15 da  
 Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 160A  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 262

23. Signature John New Cleve (M. D. or other) i  
 Address Malden Mo Date signed 4/10/40  
 (Specify type of place) While at work? (e) Means of injury \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 2

District File Number 540-101

Date Filed 5/9/40

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.....

Not Embalmed

; Registered Apprentice No.....

working under my personal supervision.

Signed J.H. Craig - T.D.

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, above space should be left blank.