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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2646

Registration District No. 318

Primary Registration District No. 5439

Registrar's No. 20

1. PLACE OF DEATH:

(a) County GREENE N Springfield

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. #6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #6 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME GUSSIE ALLEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased May (Month) Unknown (Day) 1856 (Year)

8. AGE: Years About 84 | Months 7 | Days Unknown | If less than one day ..... hr. ..... min.

9. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business In home

FATHER
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. T. Stults
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1941 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cem

18. (a) Signature of funeral director J. W. Klingner Co
(b) Address Springfield Mo.

19. (a) 1-7-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1941 hour 12 minute 25 A M.

21. I hereby certify that I attended the deceased from 12-25-1940
....., 19..., to Jan 5 — 1941;
that I last saw her alive on Jan 5 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death The Influenza and the infirmities of age

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature T. V. Crane (M. D. or other) A

Address 629 N. Nettleton, Sfg. Mo Date signed 1-6-41

(Licensed Embalmer's Statement on Reverse Side)

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 Ray A. Learn

Licensed Embalmer No. 1963

P. O. Address Springfield 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.