

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 383

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Springfield Baptist Hosp.
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT
FULL NAMEOscar Allen

3. (b) If veteran,

name war No.

3. (c) Social Security

No. None

4. Sex

Male

5. Color or

race White6. (a) Single, widowed, married,
divorcedWidowed

6. (b) Name of husband or wife

Unknown

6. (c) Age of husband or wife if

alive XX years

7. Birth date of deceased

Jan. 26 1893
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

48310

hr. min.

9. Birthplace

Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Isaac Allen

13. Birthplace

Unknown Washington
(City, town, or county) (State or foreign country)

14. Maiden name

Annie Bentley

15. Birthplace

Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Ira Allen

(b) Address

Madison Kansas

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

May 7 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Prospect Cemetery

18. (a) Signature of funeral director

T. B. Chabbin

(b) Address

Ozark Mo.

19. (a)

5-7-41
(Date received local registrar)W. E. Handley M.D.
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
 (c) City or town Ozark Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 6
 year 1941 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 2
 1941, to May 6, 1941;
 that I last saw him alive on May 5, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Tuberculosis
(Tub. lobe)

Duration

7 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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?
At work (Specify type of place) (e) Means of injury _____

23. Signature

W. E. Handley M.D.Address Springfield Mo.Date signed 5/10/41

FILED JUN 12 1941

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.....

Maurice Chaffin

Licensed Embalmer No. *4118*

P. O. Address.....

Ozark, 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, above space should be left blank.

X