

Registration District No. 259

Primary Registration District No. 6128

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Janey's
(b) City or town Branson Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
In this community 3 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney
(c) City or town Branson
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? Janey (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 13
year 1941 hour 6 minute 12 P.M.
21. I hereby certify that I attended the deceased from June
1939 to May 13 1941
that I last saw him alive on May 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 hours
Due to arterial Hypertension

Due to _____
Other conditions 42W
(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?
774 (Specify type of place) _____
While at work? _____ (e) Means of injury 9
23. Signature Dr. E. C. Sittum (M.D. of other) D. O.
Address Branson Mo Date signed May 14 1941

3. (a) PRINT FULL NAME Burnie B Allen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 11 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Andersonville Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Lumberman

11. Industry or business _____

12. Name B W Allen
13. Birthplace Ind
(City, town, or county) (State or foreign country)
14. Maiden name E. Patterson
15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant H. O. Allen
(b) Address Branson Mo

17. (a) Removal (b) Date thereof 5-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carthage Mo.

18. (a) Signature of funeral director Pa DeMeine
(b) Address Branson Mo

19. (a) 5-15-41 (b) John H Baxter
(Date received local registrar) (Registrar's signature)

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

666

1941

RECEIVED

District Health Officer No. 6,

District File

Number 641-854

Date Filed

JUN 4 1949

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.....

R. A. Thornhill

Licensed Embalmer No. 2641

P. O. Address.....

Branson MD

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.