

No. 2  
1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2490

State File No. \_\_\_\_\_

FILED FEB 11 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3021

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
308 East Daugherty  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 13 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 308 East Daugherty  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry F. Allard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21  
year 1942 hour 8:00 minute p M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lyda Allard 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 7, 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 15 1942 to January 21 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 5 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Haemorrhage

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

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

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

Other conditions 83a  
(Include pregnancy within 3 months of death)

10. Usual occupation (Retired) Carpenter

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

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

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

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

12. Name Henry Allard

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name McKnight

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

16. (a) Informant Lyda Allard

(b) Address 308 E Daugherty, Webb City.

17. (a) Burial (b) Date thereof 1-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address Joplin, Missouri

19. (a) Jan 22-42 (b) Mrs Lillie Dagle  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature P. O. Munson (M.D. or other) P. O.

Address Webb City, Mo. Date signed 1-22-42

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

19  
6  
2

49  
6  
2  
0

42-1-13

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**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.....

*F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.**