

S. No. 2
M-14-41
v. 5-17-39
I X26990

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6875

FILED MAR 13 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Greenman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Claud Allen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leona 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb 13 1897
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Custodian

11. Industry or business Central City School

12. Name Newburn Allen

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

14. Maiden name Mattie Card

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

16. (a) Informant Mrs Leona Allen

(b) Address Central City Mo

17. (a) Osborne Merse (b) Date thereof Feb 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Thornhill Dillon

(b) Address 4th & Wall St Joplin

19. (a) 2-5-42 (b) Autundo Busholter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd year 1942 hour 10 minute 50 P M.

21. I hereby certify that I attended the deceased from Jan 11 1942 to Feb 2 1942
that I last saw him alive on Feb 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Purulent Meningitis Duration 5 days

Due to General peritonitis following resection portion jejunum, for removal Endothelium 2 wks

Other conditions H6e
(Include pregnancy within 3 months of death)

Major findings: Endothelium of jejunum **PHYSICIAN**
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no

(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)
Means of injury _____

23. Signature Thomas A. LaFare (M. D. or other) _____
Address 607 Main Joplin Mo Date signed 2-5-42

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

42-2-195

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..... *Don Tetrick*

Licensed Embalmer No. *4008*

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.