

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14341

State File No. _____
Registrar's No. **299**

Registration District No. **318**

Primary Registration District No. **5440**

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0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **GREENE**

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

(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Mos., 20 Days**
(Specify whether years, months or days)

In this community **native**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

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

(d) Street No. **Medical Center for Federal Pris.**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **ALLEN, Leonard Estes**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**
year **1942** hour **10** minute **50** P.M.

21. I hereby certify that I attended the deceased from **January 27** 19**42**, to **April 17**, 19**42**;
that I last saw him alive on **April 17**, 19**42**;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Indian**

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

6. (b) Name of husband or wife **Unknown**

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

7. Birth date of deceased **January 24** 18**98**
(Month) (Day) (Year)

Immediate cause of death **Hemorrhage, Cerebral** Duration **3 hrs.**

Due to **Syphilis, cerebro-spinal** prior to admission

Due to _____

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

8. AGE: Years **44** Months **2** Days **23** If less than one day hr. _____ min.

9. Birthplace **Pittsfield, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business _____

MOTHER FATHER { 12. Name **George Allen**

13. Birthplace **Unknown Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Illinois**
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations **300**

Of autopsy _____

16. (a) Informant **deceased**

(b) Address _____

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 _____

17. (a) **burial** (b) Date thereof **April 20, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fun East Lawn**

18. (a) Signature of funeral director **Ralph H. Thieme**

(b) Address **1100 Boonville**

23. Signature **C. B. Southard** (M. D. **2**)
Acting Clinical Director
Address **M.C.P.P.** Date signed **4-18-42**

19. (a) **4-20-42** (b) **D. W. Kaudley**
(Date received local registrar) (Registrar's signature)

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 Ralph Thorne.....

Licensed Embalmer No. 3681.....

P. O. Address Springfield, Ma.....

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.