

BUREAU OF THE CENSUS
FILED JUN 11 1942

Registration District No. **417**

Primary Registration District No. **3021**

Registrar's No. **41**

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: **828 Prospect**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
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. **828 Prospect**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ellis L. 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 **2**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

August 6, 1875
(Month) (Day) (Year)

8. AGE:

Years **66** Months **8** Days **-** If less than one day hr. _____ min. _____

9. Birthplace

Carthage Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Housekeeper

11. Industry or business

at home

12. Name

William Lewis

13. Birthplace

Franklin Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name

Elizabeth Peppers

15. Birthplace

Franklin Co Mo
(City, town, or county) (State or foreign country)

16. (a) Identification

Sal Williams Allen

(b) Address

Webb City, Mo

17. (a) Removal

5 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Commerce, Okla

18. (a) Signature of funeral director

Sal Mitchem

(b) Address

Commerce, Okla

19. (a) Date registered

May 6, 1942

(b) **Mrs. Lillie Kagle**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**
year **1942** hour **3:20** minute **0** M.

21. I hereby certify that I attended the deceased from **Feb 19**, 19**42** to **May 6**, 19**42**
that I last saw her alive on **May 6**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **R. W. Stinson M.D.** (M. D. or other) _____
Address **Webb City, Mo** Date signed **5/6/42**

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

MOTHER FATHER

49
26
2

42-5-486

Stewart

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 *E. W. Hedge*.....

Licensed Embalmer No. *2859*.....

P. O. Address *Webb City, 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.