FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21325

Do not use this space.

46 20

1. PLACE OF DEATH
(a) County Howell — Registration District No. 385 — 46
(b) Township Willow Springs — Primary Registration District No. 5536 — Registered No. 6
or
(c) City ..... (d) Street No. 1 ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ ~~ds.~~ 15 Minutes (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Unnamed Jessie Allenbrand
(a) Residence, No. Howell Co St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1942
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ——
9. Industry or business in which work was done, as saw mill, bank, etc. ——
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rural R2 Willow Springs

FATHER
13. NAME Jesse O Allenbrand
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Missouri

MOTHER
15. MAIDEN NAME Georgia Borman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hoodriver Oregon

17. INFORMANT (ADDRESS) Jesse O Allenbrand Willow Springs R-2.
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 1-29-1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) None
20. FILED 1-28 1942 Nanette Ferguson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from 4 PM Jan 28, 1942 to 7 PM Jan 28, 1942
I last saw him alive on Jan 28, 1942. Death is said to have occurred on the date stated above, at 9:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Born 5 Month	

Other contributory causes of importance: 159

Name of operation Born Date of 28
What test confirmed diagnosis? Physical Findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. S. Cottrell D.C., M.D.
(Address) Willow Springs Mo

545

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16605

RECEIVED
District Health Officer No. 5
District File Number 342
Date Filed 9-17-49

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.....

Licensed Embalmer No.....

P.O. Address.....

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, above space should be left blank.