S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18079

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 294

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 minutes (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 716 W. Commerical St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Grace Helen Allen
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Earl Allen
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Feb. 15, 1904 (Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Webb City Mo; (City, town, or county) 0 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name H. M. Burton
13. Birthplace Michigan (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Leah Duke
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Earl Allen
(b) Address 716 W. Comm. St, Springfield, Mo;
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation G. A. R. CEM. MIAMI OKLA
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) 5-25-43 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 21 day 1943
year ___ hour 3-15 P.M. minute ___ M.
21. I hereby certify that I attended the deceased from 5-21, 1943 to ___, 19___;
that I last saw her alive on 5-21, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	12
Due to: Hypertension and the Intestinal	Several
Due to: Nephritis	Years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Joplin Mo Date signed 5-25-43

1204 (Licensed Embalmer's Statement on Reverse Side)

43-5-478

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 Perry K Hurlbert

Licensed Embalmer No. 959

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.