

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

Registration District No. 7 Primary Registration District No. 3028 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
307 W. Eldorado
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 307 W. Eldorado (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth 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 Single

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

7. Birth date of deceased February 5 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 29 If less than one day - - - hr. - min.

9. Birthplace Unknown Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Fred Reno

(b) Address 307 W. Eldorado, Carthage

17. (a) Burial (b) Date thereof June 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) June 7 '43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1943 hour 4:30 minute 0 M.

21. I hereby certify that I attended the deceased from 19 that I last saw him Did not see her alive alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Due to syphilis

Due to 307

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?

23. Signature R. A. Webster (Specify type of license) Coroner
Address Carthage, Mo. (M. D. or other) _____ Date signed June 5 '43

61743

1275

486-571

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.....

John D. Batchelder

Licensed Embalmer No.....

4153

P. O. Address.....

Carthage, 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.