

State File No. 24845
Registrar's No. 17

FILED JUL 24 1943
Registration District No. 173

Primary Registration District No. 5417

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Waynes, Mo. Rural #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 of waynes
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Dunklin

(c) City or town Waynes, Mo. Rural #1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HENRY ALLEN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased march 13 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Kelcy Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Elic Allen

13. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Unobtainable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Allen

(b) Address Waynes, Mo Route #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43
(Month) (Day) (Year)

(c) Place: burial or cremation Silverdale

18. (a) Signature of funeral director J. P. Hounard

(b) Address Dearyville, Ark.

19. (a) 6-11-43 (Date received local registrar) (b) Andrew B. Persiana (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1943 hour 3:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 8 to June 8 1943 that I last saw h. _____ alive on June 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart coronary T.B. 3/2

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 J. P. Hounard (M. D. or comp.)
Address Dearyville, Ark. Date signed 6/11/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2,
District File Number 243-858
Date Filed 7-19-43

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 H. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark.

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.