. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35476

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural Elk Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or 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 Missouri (b) County Stoddard

(c) City or town Rural Elk Twp 10
(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 Jesse Dean Allen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ovie

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased April (Month) 27 (Day) 1904 (Year)

8. AGE: Years 40 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Higdon (City, town, or county) Ark (State or foreign country)

10. Usual occupation Saw mill hand

11. Industry or business

FATHER
12. Name Theo Allen
13. Birthplace (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Margaret Charles
15. Birthplace (City, town, or county) Ark (State or foreign country)

16. (a) Informant Ovie Allen
(b) Address Parma Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Higdon Ark

18. (a) Signature of funeral director Watkins Fun Service
(b) Address Parma Mo

19. (a) 10-8-44 (Date received local registrar) (b) Cordie Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1944 hour 6 minute a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes probable acute heart attack

Due to

Due to 95 C4

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 Oct 13-1944

(c) Where did injury occur? home, (City or town) Stoddard (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? No (e) Means of injury

23. Signature Pio Hearn, actg. Coroner (M.D. or other)

Address Bloomfield Mo Date signed

1133 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1144-1478
Date Filed 11-6-44

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.