

STANDARD CERTIFICATE OF DEATH

State File No. **20788**
Registrar's No. **86**

Registration District No. **155** Primary Registration District No. **3127**

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Neek City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jessie Allen Hospital
(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 of days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Jessie Allen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White
6. (b) Name of husband or wife Jess Allen 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May 15 1898
(Month) (Day) (Year)

8. AGE: Years 48 Months X Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Joplin Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charley Hooker

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

14. Maiden name Lusie Barber

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

16. (a) Informant Jessie Allen

(b) Address Neek City MO

17. (a) Burial (b) Date thereof June 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director W.H. City and Co

(b) Address W.H. City and Co

19. (a) JUNE 5; 46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1946 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from 6-1 1946 to 6-3 1946
that I last saw her alive on 6-3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]

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?

While at work? _____ (Specify type of place) (e) Means of injury [Signature]

Signature [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed 6/5/46

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

46-6-509

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 myself
....., Registered Apprentice No.
working under my personal supervision.

Signed Blayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City 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.