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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1946

Dr. Lemmon Jr.

State File No. 33244

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 830

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Burger-Connelly Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Years (Specify whether

In this community 56 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")

(d) Street No. 6 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jennie V. Allen

3. (b) If veteran, name war None.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Perry Allen

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

7. Birth date of deceased aug (Month) 27 (Day) 1868 (Year)

8. AGE: Years 79 Months 1 Days 18 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Samual Woolford
13. Birthplace (City, town, or county) Ohio (State or foreign country)

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

16. (a) Informant Arthur Allen
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/46 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Herman H. Lohmeyer
(b) Address Springfield, Missouri

19. (a) 10-16-46 (Date received local registrar) (b) W E Hardy M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 14 year 1946 hour 12 minute 05 A. M.

21. I hereby certify that I attended the deceased from for many yrs. 2 19 to 10/14 1946 that I last saw her alive on 2/12 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis (probably)	1 hr
Due to	
Due to	
Other conditions Arterio-sclerosis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy 94A

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 0

23. Signature G B Lemmon (M. D. or other) M D

Address Springfield, Mo Date signed 10/15/46

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1949

DEC 3 1949

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.