

0-2  
5-43  
7-39  
X38671

**FILED DEC 6 1948**  
128

**2000**

Registrar's No. **1033**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**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: **St. John's Hospital** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: **18 hrs.** (Specify whether years, months or days)

In this community **18 hrs.**

**3. (a) PRINT FULL NAME** **Infant daughter of Mr. & Mrs. Dennis O. Allen**

**3. (b) If veteran, name war** **no**

**3. (c) Social Security No.** **no**

**4. Sex** **Female** **5. Color or race** **white**

**6. (a) Single, widowed, married, divorced** **SINGLE**

**6. (b) Name of husband or wife** **INFANT**

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **11 25 48**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day <input checked="" type="checkbox"/>
			<b>18 hr. 10 min.</b>

**9. Birthplace** **Springfield Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Infant**

**11. Industry or business** **Infant**

**MOTHER FATHER**

**12. Name** **Dennis Odessa Allen**

**13. Birthplace** **Harrisburg Illinois**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Vivian Helen Gay**

**15. Birthplace** **Souder Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mr. Dennis O. Allen**

**(b) Address** **1333 East Monroe**

**17. (a) Removal** **(b) Date thereof** **11-28-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **SUN SET HILL, HARRISBURG, ILL.**

**18. (a) Signature of funeral director** **J. W. Klingner & Co.**

**(b) Address** **Springfield**

**19. (a) Nov. 29, 1948** **(b) W. E. Handley W. D.**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Greene** **39**

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

(d) Street No. **St. John's Hospital**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Nov.** day **26.** year **1948** hour **5** minute **15 P.M.**

**21. I hereby certify that I attended the deceased from** **Nov 25** 19**48** to **Nov 26** 19**48**.

that I last saw h. **ER.** alive on **Nov 26** 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Cause of death cannot be determined.**

Duration \_\_\_\_\_

Due to **Baby had anoxemia (temporary) at birth & may have had central nervous system damage.**

Due to \_\_\_\_\_

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

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **2000**

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** **John P. Ferguson** (M. D. or other) **MD**

**Address** **Med. Arts Bldg. Springfield, Mo.** Date signed **11/26/48**

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

1911 2 20 1917

1911 2 20 1917

1911 2 20 1917

1911 2 20 1917

**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.

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**