

FILED JAN 5 1949

STANDARD CERTIFICATE OF DEATH

Jenkins 40615
State File No. 1-29-128

53
90

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

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Rural Lebanon Mo.</u>		c. CITY OR TOWN <u>Lebanon mo</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Bruce Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Henry</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Allen</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>23</u> (Year) <u>48</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>July 16, 1877</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Duquoin Ill., a just</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Allen</u> ADDRESS <u>Lebanon Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>478</u>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Rt lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>9 mo.</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>0</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>20 Mar, 1948</u> , to <u>23 Dec, 1948</u> , that I last saw the deceased alive on <u>23 Dec, 1948</u> , and that death occurred at <u>4:40 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul G. Jenkins M.D.</u>		23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>12-27-48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/27/48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon mo</u>
DATE REC'D BY LOCAL REG. <u>12/30/48</u>	REGISTRAR'S SIGNATURE <u>Lessie B. Lynch</u> 414	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bulmer</u> ADDRESS <u>Lebanon Mo</u>	

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 _____

Emmett E. Everett

Student Embalmer No. *246*

working under my personal supervision.

Student *Margaret Ruth Allen - 295*
Student Embalmer

Signed

H. P. Palmer

Licensed Embalmer No. *2208*

P. O. Address *Lebanon, 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.