

58 AUG 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26643
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 915
(b) Township Knowlton Primary Registration District No. 0226 Registered No. _____
(c) City Knowlton (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Wesley Allen
(a) Residence, No. # RFD 5 - Richmond St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy (Curtner)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 19 3

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Mo.

FATHER 13. NAME Newell V. Allen.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colorado, Delta Co.

MOTHER 15. MAIDEN NAME EULA WHITE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co., Mo.

17. INFORMANT (ADDRESS) Mrs. J.W. Allen #5 - Richmond

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE July 11, 1939

19. FUNERAL DIRECTOR (ADDRESS) J.B. Brothers Richmond, Mo.

20. FILED July 31, 1939 Knowlton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Accidental drowning

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Boat Knowlton, Mo.

Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) G.W. Gaines M. D.

(Address) Richmond, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
15/12

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed
Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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26643
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1. PLACE OF DEATH

(a) County Ray Registration District No. 915
(b) Township Knowell Primary Registration District No. 6236 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John Wesley Allen St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 3 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED July 31 1939 Naomee Kelly Local Registrar

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23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury... 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) G. W. Gains, M. D.

(Address) Richmond Mo

S-26643

1939