REC'D OCT 24 1938

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

3

32401
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Blue
(c) City Independence
Registration District No. 398
Primary Registration District No. 5554
Registered No. 287
(d) Street No. Highway 40 - near Blue Bird Inn - Indep. Mo. 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 Thomas Ryan Allen
(a) Residence, No. R. R. # 4 Box - a. Bar add. Indep. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Laura L. Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1894
7. AGE: Years 44 | Months 8 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
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) Leavenworth
(STATE OR COUNTRY) Kansas

FATHER
13. NAME Jerimiah Allen
14. BIRTHPLACE (CITY OR TOWN) no record
(STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Mary C. Difley
16. BIRTHPLACE (CITY OR TOWN) no record
(STATE OR COUNTRY) Kansas

17. INFORMANT Agnes Allen
(ADDRESS) R. R. # 4 - Indep. Mo.
18. BURIAL, CREMATION, OR REMOVAL Leavenworth, Kan.
PLACE Mt. Muncie Cem DATE 10/21 1938
19. FUNERAL DIRECTOR George C. Carson
(ADDRESS) Independence, Mo.
20. FILED 10-21-1938 S. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-18 1938
22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19.... By Coroner
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at 9 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Traumatism	
Fr neck	
Fr Skull	

Other contributory causes of importance:
Fr rt leg

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-18, 1938
Where did injury occur? Highway # 40
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway # 40
Manner of injury Automobile Traumatism
Nature of injury Fr Skull Fr Neck

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. Thompson, M. D.
(Address) Dryden

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

210m
98

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 comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
(a) County Jackson — Registration District No. 398
(b) Township Blue — Primary Registration District No. 5554 — 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 Thomas Ryan Allen
(a) Residence, No. — 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)

7. AGE: YEARS 44 — MONTHS 8 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

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

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED — 19 — *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1938

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

Automobile Traumatism
Fr. neck
Fr. skull
Standing in front of car - his car

Date of onset

Other contributory causes of importance:
Fr. Rt leg.
struck from behind. Deceased run over by own car

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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) L. J. Comboy Explor M. D.
(Address) Independence Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-32401