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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 20 1940

State File No. 35481

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 249

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence (If outside city or town limits, write "RURAL")
(d) Street No. 707 E. Alton (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Jo Ann Allen
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased October (Month) 26 (Day) 1934 (Year)

8. AGE: Years 5 Months 9 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at school
11. Industry or business
MOTHER FATHER
12. Name Joseph E. Allen
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
14. Maiden name Lola Dixon
15. Birthplace Novinger (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Joseph E. Allen
(b) Address 707 East Alton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14 40 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem
18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.
19. (a) Oct. 14-40 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11-40
year ..... hour ..... minute 12 noon M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury of Chest & Fracture of Skull
Due to
Due to Run over by Truck
Other conditions Pedestrian (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence 10-11-40
(c) Where did injury occur? Ind. Jackson (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 360 (Specify type of place)
While at work? (e) Means of injury Run over by Truck
23. Signature Russell Wyer (M. D. or other) 5
Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.