

No. 2
4-13-40
5-17-39
X23159

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1812
Registrar's No. 42

Registration District No. 85
Primary Registration District No. 1001

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 106 W. Valley
(d) Length of stay: In hospital or institution 60 years
In this community 60 years

3. (a) PRINT FULL NAME JAMES ALFRED ALLEN
(b) If veteran, name war none
(c) Social Security No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Emma Allen
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased November 24th. 1856

8. AGE: Years 84 Months 1 Days 17
If less than one day hr. min.

9. Birthplace near Weston Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER {
12. Name Wm. H. Allen
13. Birthplace unknown Ky.
14. Maiden name Eva Livville
15. Birthplace unknown Mo.

16. (a) Informant Mrs. Emma Allen
(b) Address 106 W. Valley St. Joseph, Mo.

17. (a) Removal (b) Date thereof 1-13-41
(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address St. Joseph, Mo.

19. (a) Jan. 13, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 106 W. Valley
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11th.
year 1941 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan. 11, 1941, to Jan. 11, 1941;
that I last saw him alive on Jan. 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Central Hemorrhage
Due to: Hypertension
Due to: Arteriosclerosis
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: [Signature]
Of autopsy: [Signature]

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
2. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 1-13-41

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.....

Carl W. Haus

Licensed Embalmer No.

3955

P. O. Address.....

St. Joseph, 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.