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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6268**
Registrar's No. **143**

Registration District No. **95**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH: **Buchanan**
(a) County **Buchanan**
(b) City or town **St Joseph**
(c) Name of hospital or institution: **616 MARY 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 YEARS**
In this community **22 YEARS**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **MINNIE REED MURPHY ALLEN**
3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **NONE**

4. Sex **FEMALE**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MARTIN ALLEN**
6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **FEB. 24 1884**
(Month) (Day) (Year)

8. AGE: **56** Years **11** Months **7** Days
If less than one day hr. min.

9. Birthplace **Hodges Park Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **HOME**

12. Name **Wm. FULLER**

13. Birthplace **UNKNOWN Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNA SEARS**

15. Birthplace **UNKNOWN Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **MARTIN A. ALLEN**

(b) Address **905 W. VALLEY ST. JOSEPH, MO**

17. (a) **BURIAL** (b) Date thereof **2-5-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Auburn**

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

19. (a) **2-3-1941** (b) **H. G. Westlich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Buchanan**
(c) City or town **St Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **616 MARY**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **FEB** day **1**
year **1941** hour **8** minute **30 A.** M.
21. I hereby certify that I attended the deceased from **Sept 18 1941** to **Feb 1 1941**
that I last saw her alive on **Jan 29 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Amygdalitis**

Due to **Arterio sclerotic heart disease**

Due to **Arterio sclerotic heart disease**

Other conditions **None**
(Include pregnancy within 3 months of death)
Major findings: Of operations **None**
Of autopsy **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence **None**
(c) Where did injury occur? **None**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **H. G. Westlich** (M. D. or other) **M. D.**
Address **301 N. G. S. Bldg** Date signed **2-1-41**

Duration (P)
Physician (P)
Underline the cause to which death should be charged statistically.

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.....

Geo. E. Daniel

Licensed Embalmer No. 3300

P. O. Address *St. Joseph*

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.