

FILED JAN 13 1943
Registration District No. **2**

Primary Registration District No. **1000**

Registrar's No. **1231**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community **17 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan 11**
(c) City or town **St. Joseph 1**
(If outside city or town limits, write "RURAL")
(d) Street No. **623 South 8th 7**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HENRY FRANK ALLEN**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male 0** 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 **17** years

7. Birth date of deceased **August 17 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **19** If less than one day hr. min.

9. Birthplace **Iron Ridge Wis. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired school teacher**

11. Industry or business _____

MOTHER FATHER { 12. Name **Sylvester Allen,**
13. Birthplace **Omro Wisconsin 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Almyra Visgar**
Omro, Wisconsin, 1
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **E. G. Allen**
(b) Address **Arcola, Illinois,**
burial
17. (a) (b) Date thereof **12/29/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **City Cemetery,**

18. (a) Signature of funeral director **Heaton Beale & Bowman**
(b) Address **St. Joseph, Mo**

19. (a) **12-28-42** (b) **Rose Henry**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6**
year **1942** hour **10** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **Dec 6** 19**42** to **Dec 6** 19**42**
that I last saw him alive on **Dec 6** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia few days**
Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **P. C. Bauman** (M. D. or other) _____
H. K. Spatrich Bell Date signed **12/29/42**

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

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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 12/6/42, Registered Apprentice No. _____ working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 3619
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.