S. No. 2
M—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40911

State File No.

Registration District No. 147 Primary Registration District No. 5569 Registrar's No. 98

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Raytown Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5515 Raytown Road (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 4 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Raytown Mo. (If outside city or town limits, write "RURAL") 0

(d) Street No. 5515 Raytown Road (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME John Jay Allen

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lucinda R. Allen

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Sept (Month) — 14 (Day) — 1859 (Year)

8. AGE: Years 83 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Rio (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business —

FATHER
12. Name Seth Allen
13. Birthplace Sandy Hill (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Maria Brown
15. Birthplace Lima (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Ira R. Allen

(b) Address 5515 Raytown Road.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30 (Month) (Day) 1942 (Year)

(c) Place: burial or ~~cremation~~ Mount Moriah Cemetery

18. (a) Signature of funeral director E Clark Fegert

(b) Address Raytown Missouri

19. (a) Nov 30 42 (Date received local registrar) (b) Mrs. A. E. Garvin (Registrar's signature)

1159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 27 year 1942 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from 11-26- 1942, to 11-27 1942, that I last saw him alive on 11-27-42, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 da.
Due to Senility	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

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)

(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. L. Hoffoon (M. D. or other)

Address Raytown Mo. Date signed 11-30-42

(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 ..... E Clark Hegert .....

Licensed Embalmer No. ..... 3983 .....

P. O. Address ..... Raytown, 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.