. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31054

State File No.

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 240

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 3 days 0 (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 0
(c) City or town ~~Independence~~ Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3016 Claremont
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. George Burton Allee

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

4. Sex 0 Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Florence Allee
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased January (Month) 22 (Day) 1906 (Year)

8. AGE:	Years	Months	Days	If less than one day
	38	8	8	hr. min.

9. Birthplace Pattonsburg (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Produce Owner
11. Industry or business Mo-Kansas Poultry Co.
FATHER
12. Name George E. Allee
13. Birthplace Pattonsburg (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Lillie Kothe
15. Birthplace Forest Green (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Gretchen Brown
(b) Address 115 North Askew
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 2 (Day) 1944 (Year)
(c) Place: burial or cremation Mound Grove, Indep. Mo.
18. (a) Signature of funeral director D. W. Newcomer Sons
(b) Address 1401 Brush Creek Blvd KC Mo.
19. (a) 10-2-1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30TH year 1944 hour 12 minute 40 P.M.
21. I hereby certify that I attended the deceased from Sept. 24, 1944 to Sept. 30, 1944; that I last saw him alive on Sept. 30, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute dilatation rt. heart	24 hr
Due to Toxemia	5 days
Due to Pyelitis and peri-duodenitis	10 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy See above	

133a

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 0
23. Signature Vance E. Lind, M.D. (M. D. or other)
Address: 129 W. Lexington, Indep., Mo. Date signed 9/30/44

1163

(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 Emile M. Colhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.