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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1946

State File No. 40621

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1361

**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: 503 Shady Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community abt 44 yrs.
years, months or days)

**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. 503 Shady Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

**3. (a) PRINT FULL NAME** ALLEN-BURR-RAY
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M. O
5. Color or race Wht
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Louise
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb 5 1877 (Month) (Day) (Year)

**8. AGE:** Years 68 Months 10 Days 10 If less than one day hr. min.

9. Birthplace — Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Retired R.R. Employee
11. Industry or business C.G.W. R.R. Engineer
FATHER
12. Name Daniel Ray
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy
15. Birthplace Wis (City, town, or county) (State or foreign country)
16. (a) Informant Harold C. Buck
(b) Address 503 Shady Ave.
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 12/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Stamey Funeral Home
(b) Address St Joseph Mo
19. (a) Dec 26-1945 (Date received local registrar) (b) H. J. Westhouse (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 15 year 1945 hour 6 minute a M.
21. I hereby certify that I attended the deceased from Nov 29, 1945, to Nov 29, 1945; that I last saw him alive on Nov 29, 1945; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of Stomach Primary | 1 yr. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 46 B
Of autopsy

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 Frank Hardigan (M. D. or other) M.D.
Address 620 Norcross ST. JOSEPH Date signed 12/15/45

1428

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1943

## 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 John Roy Alonzo

Licensed Embalmer No. 2435

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.**