

S. No. 2
M-2-43
7-5-17-39
I X38697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **99251**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1055**

FILED MAR 18 1946

1. PLACE OF DEATH
(a) County **Jackson**
(b) City or town **Keokuk**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **711 McJee**
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution **Unknown**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Keokuk**
(If outside city or town limits, write "RURAL")
(d) Street No. **711 McJee**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JESSE L. ALLEN**
3. (b) If veteran, name war **NO**
3. (c) Social Security No. **510-20-4502**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **2** day **26**
year **1946** hour **8:50** minute **10** M.
21. I hereby certify that I attended the deceased from **Keokuk**, 19... to 19...
that I last saw him **alive** on... and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**
7. Birth date of deceased **July 20 1883**
(Month) (Day) (Year)
8. AGE: Years **62** Months **7** Days **6**
If less than one day hr. min.

Immediate cause of death **Coronary insufficiency**
Due to **arterio sclerosis**
Due to...
Other conditions (Include pregnancy within 3 months of death) **g.i.d.**

9. Birthplace **Poncha Ill**
(City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**
11. Industry or business...
12. Name **Unknown**
13. Birthplace **Ill**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Ill**
(City, town, or county) (State or foreign country)
16. (a) Informant **Wayne Kallen**
(b) Address **San Gabriel 6 cliff**
17. (a) **Removed** (b) Date thereof **3/15/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt Hope Cem Keokuk Ill**
18. (a) Signature of funeral director **Sebbeto's**
(b) Address **City**
19. (a) **3-4-46** (b) **J. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations...
Of autopsy **Heart & lungs**
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?
While at work? (Specify type of place) (e) Means of injury?.....
23. Signature **Jesse Allen** (M. D. or other) **Allen**
Address **11424 1/2 Ave** Date signed **3-1-46**

(Licensed Embalmer's Statement on Reverse Side)

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

8177

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 _____

Ray E. Swain

Licensed Embalmer No. *2560*

P. O. Address. *K C 7th*

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.