

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36539

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1240	
1. PLACE OF DEATH a. COUNTY Euchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 21 yrs.		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital				STREET ADDRESS (If rural, give location) 114 Alabama Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) William		c. (Last) Allen		4. DATE OF DEATH (Month) (Day) (Year) November 24, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 26, 1887	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) C. B. Q. Flagman				10b. KIND OF BUSINESS OR INDUSTRY C. B. & Q. RR		11. BIRTHPLACE (City and State or Foreign Country) Weston, Missouri.	
12. CITIZENSHIP OF WHAT COUNTRY? USA.				13a. FATHER'S NAME James A. Allen		13b. MOTHER'S MAIDEN NAME Emma E. Goheen	
14. NAME OF HUSBAND OR WIFE Vera Pearl Allen				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 500-07-3380	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Vera P. Allen				ADDRESS St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanotic melanoma				INTERVAL BETWEEN ONSET AND DEATH 3 mo	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 190x				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 11/15 , 1954, to 11/24 , 1954, that I last saw the deceased alive on 11/23 , 1954, and that death occurred at 3:45 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H Carpenter				23b. ADDRESS Wto 902 Edmund St. City		23c. DATE SIGNED 11/24/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 27, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Dec 1, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison		485		25. FUNERAL DIRECTOR'S SIGNATURE Smierhoff, Fleeman ADDRESS St. Joseph, Mo	

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

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^{***}^{****}....., Student Embalmer No.....^{***} working under my personal supervision..

Student.....^{***}.....
Signature of Student Embalmer

Signed *Albert R. Herring*.....

Licensed Embalmer No..3258..

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.