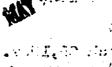
DEC'D APR 14	1000		REAU OF V	ITAL STATIS	F HEALTH	Do not use of	129
HACE OF DEATH	nnen				85	Do not use t	nia space.
(a) County		R	egistration Distric	1 No		<u> </u>	269
(b) Township St. Jo	renh	P	rimary Registratio	n District No	L.U.U.J	Registered No	
(c) City	F	(d) St	reet No	Curred in Hospita	L.SHOSPLT or Institution, write	al its name instead of stre of foreign birth? yrs.	et and number)
(e) Length of residence in	city or town wi	here death occurred	10 _{rs} . O mos	. Ods. (f) 1	How long in U.S., if o	of foreign birth? yrs.	. шов. d
2. PRINT FULL NAME	Claren	ce Marion	Allen.	450			
	-			s. [a	
(a) Residence, No51.	al place of ab	ode, if no street add	ress, write county	or city)	(If nonre	sident, give city or town	and State)
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR	5. SINGLE, MARRIED,	SINGLE, MARRIED, WIDOWED, OR		ATH (MONTH, DAY, AN	io YEAR) March	. 19	
Male Whi	DIVORCED (write the word) Married		ZI. DATE OF DA				
SA. IF MARRIED, WIDOWED, OR DI	VORCED			" Tel	3.5°	FY, That I atten	r Destance Debi
HUSBAND OF Minda Allen				I last saw h. III	m - m	,	38 Death is
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28.1907.						above, at. 2:00Rn.	Death is
7. AGE YEARS	Months	DAYS	If LESS than 1	The principal ce	use of death and re	lated causes of importan	nce were as foll
30	11		day,brs. ormin.		, ,		Date of
Z 8. Trade, profession, or p work done, as sawyer,	articular kind	of Barber			War a	ella Al	Solek
O work done, as sawyer,	_				,00,000	$\omega\omega\gamma$	3
9. Industry or business is was done, as saw mi 10. Date deceased last we this occuration from year)					·····		
10. Date deceased last we this occupation (more year)	orked at	ii. Total tim spent in t	e (years) his			1100	
O year)		oecupatio		and I	ory causes of inflorts		•
12. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY)	Miss	n Star		Join	on Ma	e e	quer
<u> </u>		OUPI.		asp	AUX	Stion	
13. NAME GOORS			· Vi	,	II.		,,,,,
14. BIRTHPLACE (CITY OR	TOWN) U	nion Star		Name of operat	ion Mary	Dat	te of
(STATE OR COUNTRY)	<u> </u>	ssouri		What test confir	med diagnosis?	Was there a	in autopsy
15. MAIDEN NAME	Alta W	aldo	10	23. If death wa	s due to external cau	ses (violence), fill in als	o the following:
0 16. BIRTHPLACE (CITY OR	TOWN) U	nknown	. 1 Phi (page)	41		Date of injury	/, 19
(STATE OR COUNTRY)	-	issouri_		Where did injur	y occur?(Spe	ecify city or town, count	y, and State)
17. INFORMANT Mrs.		Allen		Specify whether	injury occurred in in	dustry, in home, or in p	ubile place.
(ADDRESS) 518 Hay	mburg.	Ave.St.Jo	seph.Mo	Manner of injur			
18. BURIAL, CREMATION, OF	REMOVAL	Memorial	Park	Nature of injury	-		
PLACESt . Hosep		DATE_Marc	<u>:h_33</u>	34. Was disease	or injury in any way	reinted to occupation o	deceased!
19. FUNERAL DIRECTOR H	.0.S1d	enfaden e	and Son	If so, specify		/ N / N.	<i></i>
(ADDRESS) 1802 U	nion S	tr.St.Jos	seph, Mo.	(Signed)	range	wyantey	an,
20. FILED 3/3 1	38 7	> Treate	lesuch	SAG (Addre	s) Try	soener 1	sery.
/		// Lo	ocal Registrar.	<u>(</u>			



STATEMENT BY LICENSED EMBALMER:

....., Registered Apprentice, No......

Licensed Embalmer No.....3258....

1, Elbert E.Herrington Licensed Embalmer No. 3258
hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

working under my personal supervision. Signed Elbert R Harring los

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)