

DEC'D APR 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10132
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 269
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence Marion Allen 4670

(a) Residence, No. 518 Hamburg St. □
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Minda Allen
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1907.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 11 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
 9. Industry or business in which work was done, as saw mill, bank, etc. Abe Rothman Shop
 10. Date deceased last worked at this occupation (month, day, year) Febr. 1938. 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Union Star
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME George Allen
 14. BIRTHPLACE (CITY OR TOWN) Union Star
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Alta Waldo
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Minda Allen
 (ADDRESS) 518 Hamburg Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park
 PLACE St. Joseph, Mo. DATE March 3, 1938

19. FUNERAL DIRECTOR H.O. Sidenfaden and Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 3/3 19 38 By H. H. H. H. H.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1938 to Mar. 1, 1938
 I last saw him alive on Mar. 1, 1938 Death is said to have occurred on the date stated above, at 2:00 P.

The principal cause of death and related causes of importance were as follows:

Peri-constrictor abs. Feb. 23
1150

Other contributory causes of importance:
Mononucleosis
Asphyxiation

Name of operation Thyroid Date of Mar. 1
 What test confirmed diagnosis? Thyroid Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Frank H. H. H. M. D.
 (Address) H. H. H. H.

MAY 2 1944

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

L. E.

No. ----- or by -----, Registered Apprentice No. -----
working under my personal supervision.

Signed

Elbert E. Harrington

Licensed Embalmer No. 3258

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.)