REC'D JAN 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42346
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan / Registration District No. 85
(b) Township / Primary Registration District No. 1001 Registered No. 1224
(c) City St. Joseph / (d) Street No. St. Joseph 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 — yrs. — mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 426 James Robert Allgaier
(a) Residence, No. St. R.F.D. Gower, Mo.
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1933.
7. AGE: YEARS 5 MONTHS 3 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER
13. NAME M.S. Allgaier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gower Missouri

MOTHER
15. MAIDEN NAME Marguerite Dunbar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frazer Missouri

17. INFORMANT (ADDRESS) M.S. Allgaier R.F.D. Gower, Mo.
18. BURIAL, CREMATION, OR REMOVAL St. Joseph Cemt. PLACE Easton, Mo. DATE Dec. 10, 1938
19. FUNERAL DIRECTOR (ADDRESS) H.O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.
20. FILED 12/10 1938 H.J. Nettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7, 1938 Viewed
22. I HEREBY CERTIFY, That I attended deceased from 12/9, 1938, 19..
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:40P m.
The principal cause of death and related causes of importance were as follows:
Injuries received when struck by Auto as a pedestrian — Date of onset 12/5/38
210 m
Other contributory causes of importance: none
Name of operation none Date of
What test confirmed diagnosis History Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/5, 1938
Where did injury occur? Buchanan County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Struck by Auto
Nature of injury Fractured skull
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
I X12804
11 5 7

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.)