

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

MAY 13 1940
Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **441**

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
307 E. Colorado Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 307 E. Colorado Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Harvey Edward Allison
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Allison
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased August 14 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Filmore Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Sta. Engineer

11. Industry or business Board of Education

12. Name Unknown
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Bowley
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Allison
(b) Address 307 E. Colorado Ave.

17. (a) Burial (b) Date thereof Apr. 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cemary

18. (a) Signature of funeral director [Signature]
(b) Address 502 5th St. St. Joseph
19. (a) 4/17/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1940 hour viewed 8 minute 15A M.
21. I hereby certify that I attended the deceased from April 17th
1940 to #####, 19____;
that I last saw him alive on #####, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Duration 1Yr.

Due to _____
Due to _____
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____
85 (Specify type of place)
While at work? _____ (a) Means of injury _____
23. Signature B.W. Tadlock Coroner (M. D. or other) A
Address King Hill Bldg Date signed 4/17/40

WRITE PLAINLY—USE 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 4/16-40

....., Registered Apprentice No.
working under my personal supervision.

Signed E. A. Smith

Licensed Embalmer No. 3476

P. O. Address St. Joseph Mo.

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, above space should be left blank.