S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28030

SEP 16 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 934

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town SAINT JOSEPH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SAINT JOSEPH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BUCHANAN
(c) City or town SAINT JOSEPH (If outside city or town limits, write "RURAL")
(d) Street No. 108 NORTH 2 STREET (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME WILLIAM RICHARD ALLEN 45

3. (b) If veteran, name war —
3. (c) Social Security No. None

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased September 22, 1883 (Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Saint Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Dave Allen
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Social Security Recorder
(b) Address 10th and Olive Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Mrs. E. R. SIDENFADEN F. HOME
(b) Address 602 SOUTH 10TH STREET
19. (a) Aug. 26, 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1940 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 29, 1940, to Aug 21, 1940; that I last saw him alive on Aug 21, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of face (Primary)	?
Carcinoma of Cerv. Glands	7/8/40
Due to	
Due to	
Other conditions: Hemorrhage (Include pregnancy within 3 months of death)	Aug 20/40

Major findings:
Of operations 5 [illegible]
Of autopsy No

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)
(e) While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Kenpalou Fla Date signed 8/23/40

(Licensed Embalmer's Statement on Reverse Side)

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 Mollie E. Siedenfaden, Registered Apprentice No. 145 working under my personal supervision.

Signed R. V. Wenk

Licensed Embalmer No. 3876

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.