

S. No. 2
4-13-40
5-17-39
FD MAR 11 1941

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6277
Registrar's No. 152

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
1107 Hidenbaugh Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks in
Nursing home. (Specify whether
In this community, years, months or days) 30 yrs.

3. (a) PRINT FULL NAME Florence Isabel Allen

3. (b) If veteran, name war - 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James A. Allen 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 7, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 26 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Francis M. Haley
13. Birthplace Unknown 4 Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah E. Lyons
15. Birthplace Unknown 7 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant T. B. Allen

(b) Address 2233 Eugene Field Ave.

17. (a) Burial (b) Date thereof Feb. 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cem.

18. (a) Signature of funeral director J. J. Clark
5025 Rock Hill Ave.

(b) Address

19. (a) Feb. 4, 1941 (b) H. J. Fustolebush
(Date received local registrar) (Registrar's signature)

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")
2233 Eugene Field Ave.
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1941 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan. 16
1941, to Feb. 3, 1941
that I last saw her alive on Feb. 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerosis General

Due to myocardial insufficiency
chronic

Due to 7

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

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?

(Specify type of place)
While at work? (e) Means of injury

23. Signature Hustan H. Low (M. D. or other)

Address Kirkpatrick Bldg. - St. Joseph, Mo. Date signed 2/4/41

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, May 2/3/41
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Earl R. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph

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, fact should be so stated above.