

FILED JUN 10 1941

STANDARD CERTIFICATE OF DEATH

19593

17296

State File No.

Registration District No.

85

Primary Registration District No.

1001

Registrar's No.

539

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:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
(Specify whether years, months or days)
In this community Thirty-five years

3. (a) PRINT

FULL NAME George Washington Allen

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 Mrs. Ella Allen

6. (c) Age of husband or wife if
alive 56 years

7. Birth date of deceased April
(Month)

12 1883
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

58

1

10

hr.

min.

9. Birthplace Deep Water
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation

Labor

11. Industry or business

12. Name UNKNOWN Allen

13. Birthplace UNKNOWN
(City, town, or county)

9
(State or foreign country)

14. Maiden name UNKNOWN

Voiles

15. Birthplace UNKNOWN
(City, town, or county)

Illinois
(State or foreign country)

16. (a) Informant Mrs. Ella Allen

(b) Address 2210 South 14th Street

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof May 24 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director M. E. S. IDENFADEN F. HOME

(b) Address 602 South 10th Street

19. (a) May 23 1941
(Date received local registrar)

(b) A. H. Hiltner
(Registrar's signature)

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. 2210 So. 14th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22
year 41 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from
5/21 1941 to 5/22 1941
that I last saw him alive on 5/22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.

Coronary heart failure
C. V. - Renal
Due to hypertension

Due to

Other conditions.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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?

While at work?

(Specify type of place)

(c) Means of injury

23. Signature W. E. S. IDENFADEN (M. D. or other) PMU
Address 2210 So. 14th St. Date signed 5-22-41

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, & by.....

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

Signed.....

Licensed Embalmer No. 3876

P.O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.