

FILED OCT 28 1941

Registration District No. 273

Primary Registration District No. 3014

Registrar's No. 298

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

1. PLACE OF DEATH:

(a) County COLE
(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ONE WEEK
(Specify whether
In this community 31 YEARS
years, months or days)

3. (a) PRINT FULL NAME JACOB W. ALLEN

3. (b) If veteran, name war WORLD'S 3. (c) Social Security No. 492-07-8865

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDWINA WAGNER ALLEN 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased JULY 22, 1896.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 2 27 hr. min.

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

10. Usual occupation SALESMAN

11. Industry or business GRAHAM PAPER CO.

MOTHER FATHER { 12. Name JACOB W. ALLEN
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name IDA WOLDS
15. Birthplace MARYLAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS? JACOB ALLEN
(b) Address JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof 10/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIVERVIEW CEMETERY

18. (a) Signature of funeral director John F. Richter
(b) Address JEFFERSON CITY, MO.

19. (a) 10-20-41 (b) Thirna Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE
(c) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 ELMERINE AVE.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 19
year 1941 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from 10/17/41 19 to 10/19/41 19;
that I last saw him alive on 10/19/41 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Paralytic ileus Duration 2 days
equation
Due to intestinal obstruction equation equation Duration 2 days
Due to Appendicitis equation equation Duration 6 days
Other conditions 10/21/41
(Include pregnancy within 3 months of death)

Major findings: acute appendicitis
intestinal obstruction.
Of operation
Of autopsy

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) (e) Means of injury D
23. Signature James Butler (M. D. or other) MD
Address Jefferson City Mo Date signed 10/20/41

OCT 27 1944

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

Signed *John F. Heind*.....
Licensed Embalmer No. *3655*
P. O. Address *Jefferson City, 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, fact should be so stated above.