S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9451

FILED APR 8 1942

Registration District No. 344

Primary Registration District No. 1002

Registrar's No. 1232

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

048
3
8

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6711 Linden Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048 3 9

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 6711 Linden Road
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Samuel B. Allee

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle M. Allee

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May (Month) 10th (Day) 1877 (Year)

8. AGE: Years 64 | Months 10 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Clarksburg (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Internal Revenue Agent

11. Industry or business Income Tax Division

FATHER
12. Name Nicholas Allee
13. Birthplace California (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Sarah E. Bartlett
15. Birthplace Texas County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Myrtle M. Allee
(b) Address 6711 Linden Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 3/29/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 27 day 1942
year 1942 hour 11 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Jan 16, 1940 to Mar 27, 1942
that I last saw him alive on Mar 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation Heart.

Due to Myocardosis Rheumatism

Due to Nephritis, Chronic

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

131 C

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 0

23. Signature Dr John O Slummer (M. D. or other)
Address 1402 Bryant K.C. Mo Date signed

361 (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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Clarence W. Chile

Licensed Embalmer No. 3473

P. O. Address K C 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.