U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10188 36

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 329

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

011 1 7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2635 Pattie Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph 011 (If outside city or town limits, write "RURAL")
(d) Street No. 2635 Pattie St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME George Raymond Allen
3. (b) If veteran, name war No
3. (c) Social Security No 297-05-1515

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Ellen Allen
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased April (Month) 23 (Day) 1891 (Year)

8. AGE: Years 50 | Months 11 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Whitesville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Switch Tender C B & Q
11. Industry or business

MOTHER FATHER
12. Name Samuel David Allen
13. Birthplace Whitesville (City, town, or county) Missouri (State or foreign country)
14. Maiden name Georgia McKinley
15. Birthplace ____ (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs Ruth Ellen Allen
(b) Address St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Missouri
19. (a) 4-10-42 (Date received local registrar) (b) Rose Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1942 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 8th 1942 to ____ 19____; that I last saw h____ alive on ____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 day,
Due to Chronic Angina Pectoris	6 yrs,
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN
Major findings: Of operation an attack of pleurisy in his left chest four hours Of autopsy No before he died
Man subject to frequent attacks of angina,
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? (Specify type of place)
While at work? (e) Means of injury Coronary

23. Signature H J Mundy 3 (M. D. or other)
Address 464 So 3d St Date signed 4/9/42

1139 (Licensed Embalmer's Statement on Reverse Side)

MAR 9 1942

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.....
April 8 1942, Registered Apprentice No.....,
working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4050

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, fact should be so stated above.