

FILED JUN 13 1942

State File No.

Registration District No.

Primary Registration District No. 4028

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Amoret, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME - Duke, Allan

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 448-09-0007

4. Sex Male 5. Color of race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Haskuey Allan 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased May - 9 - 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 28 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Shoe Business

11. Industry or business Road Show Operator

12. Name Dr Thomas Allan

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Allan

15. Birthplace unknown - unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Haskuey Allan

(b) Address Pleasanton Kansas

17. (a) Cremation (b) Date thereof May - 11 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director 1 Clayton

(b) Address Pleasanton Kansas

19. (a) 5/9 1942 (b) Mrs Carl Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Lincoln 999
(c) City or town Pleasanton 14
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1942 hour minute M.

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

Immediate cause of death Crushing Injury to chest
Due to struck by train

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (c) Means of injury

23. Signature Adm. Haskuey (M. D. or other)
Address Coron Date signed 5-9-42

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

169

RECEIVED

District Health Officer No. 7,

District File Number 6-42-625

Date Filed 6-10-42

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 Wm P. Turner

Licensed Embalmer No. 3441

P. O. Address Pleasanton, Va.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17320

Registration District No. 48

Primary Registration District No. 4028

Registrar's No.

1. PLACE OF DEATH:

- (a) County Bates
(b) City or town Amoret
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

Sluke Allen

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

M

5. Color or
race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

May 9
(Month) (Day)

(Year)

8. AGE:

Years
54

Months
11

Days
28

If less than one day
min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1942 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence May 7 - 1942
(c) Where did injury occur? Amoret Bates MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
R.R. Crossing on Highway 82 - Amoret
While at work engaged to fatigue (Specify type of place) (e) Means of injury crushed chest
23. Signature Woolridge Coroner (or other)
Address Buller MO Date signed 5/9/42

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

SUPPLEMENTARY

S-17320