

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

3. (a) PRINT FULL NAME Mrs. Jennie Allen

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William J. Allen 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October 20, 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Sack County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Brinker
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hinkle
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Allen
(b) Address Rural Route #5, St. Joseph, Mo.
17. (a) Burial (b) Date thereof June 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director W. E. R. Sidenfelter & Home
(b) Address 602 South 10th Street
19. (a) 6-2-42 (b) Rose Hergay
(Date received local registrar) (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. Rural Route #5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day May year 1942 hour 2:45 PM minute 0 M.

21. I hereby certify that I attended the deceased from May 27 to May 29, 1942, that I last saw him alive on May 29, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease with infarction to lungs. Duration _____

Due to _____

Due to _____

Other conditions None
(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) _____
(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 _____

23. Signature T. P. Hovden (M. D. or other) MD
Address 620 1/2 Ave Date signed 6-1-42

Dr. Howard
Pickpatrick

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.....

myself

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

working under my personal supervision.

Signed

Mollie E. Sidenfaden

Licensed Embalmer No.

4235

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.