

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29807

State File No.

Registrar's No.

FILED OCT 13 1942

Registration District No. 42

Primary Registration District No. 1000

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community 15 days,
years, months or days)

3. (a) PRINT FULL NAME Lyle C. Allen

3. (b) If veteran, name was None, 3. (c) Social Security No. 426-05-8761

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Anna V. Allen 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August 28th, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 13 hr. min.

9. Birthplace Steubenville, Ohio, 1
(City, town, or county) (State or foreign country)

10. Usual occupation Funeral Director, Funeral Home,

11. Industry or business

12. Name John C. Allen, 9
13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)
14. Maiden name Priscilla Heinler, 9
15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs L.C. Allen
(b) Address Cameron, Missouri,
removal (b) Date thereof 9/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Missouri,
18. (a) Signature of funeral director [Signature]
(b) Address 319 So. 10th Street, Home
19. (a) Sept. 11, 1942 (b) Rose Heyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Clinton, 25
(c) City or town Cameron, 1
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th.
year 1942 hour 8:00 minute p. M.

21. I hereby certify that I attended the deceased from Aug. 8, 1942, to Sept 11, 1942
that I last saw him alive on Sept 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Glomerular nephritis
Due to: Uremia
Due to: Carcinoma of prostate
Other conditions: 516
(Include pregnancy within 3 months of death)

Major findings: Appendectomy 8-8-42
Prostatic resection 8-18-42
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.....
23. Signature J.B. Lewis M.D. (M.D. or other)
Address St. Joseph, Mo Date signed 9-12-42

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

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, on Sept. 11, 194

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

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 519 So. 10th St. Memphis, Tenn.

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.