S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36958

State File No.

Registration District No. 84 Primary Registration District No. 5318 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Cooper 27

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

(c) Name of hospital or institution: None 3 miles West Syracuse, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether years, months or days)
In this community About ten years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town 3 Miles West Syracuse, Mo
(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 Native

3. (a) PRINT FULL NAME Everett Sylvester Allee

3. (b) If veteran, name war World 1

3. (c) Social Security No. 499-14-5949

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha Allee

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased December (Month), 14th (Day), 1897 (Year)

8. AGE: Years 44 Months 11 Days 6 If less than one day ___ hr. ___ min.

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

10. Usual occupation Carpenter

11. Industry or business M.K.&T Rail Road

FATHER
12. Name Lewis Wilbur Allee
13. Birthplace Moniteau County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Susan Armstrong
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Martha Allee
(b) Address Syracuse, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation Syracuse, Mo.

18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton, Mo.

19. (a) Nov 23-1942 (Date received local registrar) (b) Mrs. W. W. Robin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20th year 1942 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from No attendance, 19__;
that I last saw h__ alive on__, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture crushed chest (18). fracture both lower leg - both bones. shock.

Due to Struck by automobile

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy Same as cause of death.

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) Accident 027

(b) Date of occurrence 11/20/42

(c) Where did injury occur? Cooper (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3 mi. West Syracuse Mo. Hy # 50 (Specify type of place)

While at work? No (e) Means of injury Struck by auto.

23. Signature M L Dickinson (M.D. or other) M.D.

Address Bonneville Mo Date signed 11/6/42

1087 (Licensed Embalmer's Statement on Reverse Side) Deputy Coroner.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-7-42

FEB 8 1943

FEB 9 1943

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2464

P. O. Address Tipton 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.