

FILED DEC 8 1942

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 378

1. PLACE OF DEATH:

(a) County. Pettis
(b) City or town. Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1523 South Ingram /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. eight years (Specify whether years, months or days)
In this community.

3. (a) PRINT FULL NAME William Preston Allee

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife. Rebecca Reed Allee 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. Dec. 19, 1858 (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer-- Retired

11. Industry or business Agriculture

12. Name William David Allee

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

14. Maiden name Martha Mitchell

15. Birthplace Carroll County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lewis Zey, (dau.)

(b) Address 1523 South Ingram, Sedalia, Mo

17. (a) Burial (b) Date thereof 11/29/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant near California, Mo

18. (a) Signature of funeral director

(b) Address Sedalia, Mo

19. (a) 11/28/42 (b) Date received local registrar (c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Pettis
(c) City or town. Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1523 South Ingram (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1942 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 22-42 to Nov. 27, '42 that I last saw him alive on Nov. 25, 42 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Arteriosclerosis

Due to Advanced age

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) (e) Means of injury.

23. Signature W. W. Berger (M.D. or other)

Address Sedalia, Mo Date signed 11-28-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-7-42

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

Duane Ewing

Licensed Embalmer No. 3877

P. O. Address Sedalia

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.