

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1870

State File No.

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville Mo.
(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. 3 yrs 4 mo 20 da (Specify whether years, months or days)
In this community 3 yrs 4 mo 20 da

3. (a) PRINT FULL NAME

George Monroe Allen Jr.

3. (b) If veteran,

name war ✓

3. (c) Social Security

No. ✓

4. Sex

Male

5. Color or race

W

6. (a) Single, widowed, married,

0 divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive ✓ years

7. Birth date of deceased

Aug 18 - 1939

8. AGE:

Years

Months

Days

If less than one day

3

4

20

hr. min.

9. Birthplace

Harrisonville Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

✓

11. Industry or business

✓

12. Name

George Monroe Allen

13. Birthplace

Harrisonville Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name

Nathaniel Smith

15. Birthplace

Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant

Sp. Allen

(b) Address

Harrisonville Mo.

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

1 - 10 - 43

(Month) (Day) (Year)

(c) Place: burial or cremation

Orient Cemetery

18. (a) Signature of funeral director

HUNNENBURGER'S

(b) address

HARRISONVILLE, MO.

19. (a)

Jan. 9, 1943

(b) Margaret Talle

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Harrisonville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 208 East Pearl
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1943 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 10 - 1942
to Jan 8 1943
that I last saw him alive on Jan 8 1943
and that death occurred on the day and hour stated above.

Immediate cause of death

Due to

splenic Leucaemia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

Duration

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)

23. Signature

J. S. Scott

(M-D, or other)

Address

Harrisonville Mo

Date signed Jan 8

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.....

Ernest Rannenberg

Licensed Embalmer No. *3368*

P. O. Address.....

Harrisonville 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.