S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6887

State File No.

FILED MAR 10 1943

Registration District No. 189 Primary Registration District No. 5701 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Utica Thom Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Delivery -Utica, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 59

(a) State Missouri. (b) County Livingston 0
(c) City or town Utica 0
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery-Utica, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME KIT ALLEN

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Allen
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May (Month) 9th (Day) 1883 (Year)

8. AGE: Years 59 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Pettis County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Sarah Allen
(b) Address Utica, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-'43 (Month) (Day) (Year)
(c) Place: burial or cremation Utica Cemetery
18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.
19. (a) 2-22-'43 (Date received local registrar) (b) Goola Romeiser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th year 1943 hour 8:40 minute P. M.
21. I hereby certify that I attended the deceased from None, 19..., to None, 19...; that I last saw him alive on none, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Struck by train. — Duration

Due to XX

Due to XX

Other conditions XX
(Include pregnancy within 3 months of death)

Major findings:
Of operations XX
Of autopsy XX

169.8
30

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 059
(b) Date of occurrence February 20, 1943
(c) Where did injury occur? Utica, Livingston, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad Crossing (Specify type of place)
While at work (e) Means of injury 3

23. Signature Reuben Barney, Coroner (or other)
Address Chillicothe, Mo. Date signed 2-22-1943

100-5 (Licensed Embalmer's Statement on Reverse Side)

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

Was Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed E Beckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe, 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.