

FILED NOV 19 1943

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Marys Hospt.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Troy Alex. Allee**

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

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 28, 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 10 28 hr. min.

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

10. Usual occupation **Labor**

11. Industry or business _____

MOTHER FATHER { 12. Name **William C. Allee**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Fabae E. Jones**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oscar Allee**
(b) Address **Kingsville, Mo.**
17. (a) **Burial** (b) Date thereof **10/28/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kingsville, Mo.**

18. (a) Signature of funeral director **Brownfield Funeral Home**
(b) Address **Pleasant Hill, Mo.**

19. (a) **10-26-43** (b) **T. E. Brown**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **Dont know** (If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10-26-43** day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____
Regimental Colonel
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Skull Fracture**

Due to **Railroad Trauma**

Due to _____

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

Major findings: Of operations _____

Of autopsy **See Above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 048**
(b) Date of occurrence **10-23-43**
(c) Where did injury occur? **See Permit Jackson Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad

While at work **No** (Specify type of place) (e) Means of injury **Trauma**

23. Signature **A. E. Washer** (M. D. or other) **M.D.**
Address **23 111 1/2 Coy** Date signed **10/26/43**

FEB 16 1944

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.....

Francis Walton, Registered Apprentice No. *2747*,
working under my personal supervision.

Signed *J. H. Ferguson*
Licensed Embalmer No. *2744*
P. O. Address: *K. E. 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.