

FILED JUN 18 1944

Primary Registration District No. 1000

Registrar's No. 593

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
521 Concord St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 74/11 mo.
years, months or days

3. (a) PRINT FULL NAME Jackie Deon Allen

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

4. Sex Male 5. Color or race white 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 June 28 1936
(Month) (Day) (Year)

8. AGE: Years 7 Months 11 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Guy Allen
13. Birthplace Wathens Kans
(City, town, or county) (State or foreign country)
14. Maiden name Pearl Hale
15. Birthplace Albany Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Allen
(b) Address St Joseph Mo

17. (a) Burial (b) Date thereof 6-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cem.

18. (a) Signature of funeral director Floeman & Son Inc.
(b) Address St Joseph Mo

19. (a) 6-12-44 (b) Deletha Riche
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 521 Concord St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 7, 1944, to June 8, 1944,
that I last saw him alive on June 7, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure 14da
Due to Rheumatic Heart Disease 6mo
Endocarditis
Due to Myocarditis
Anasarca

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 95F
Of autopsy None

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)
(c) Means of injury _____

23. Signature W. Roger Moore (M. D. or other) MD
Address St Joseph Mo Date signed 6-8-44

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.