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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28018

FILED SEP 11 1945

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Versailles
(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 (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Versailles /
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James W. Allen

3. (b) If veteran, name war

3. (c) Social Security No. 486-07-8252

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Gorham Allen

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October (Month) 17 (Day) 1886 (Year)

8. AGE: Years 58 Months 9 Days 24 If less than one day hr. min.

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

10. Usual occupation life insurance business

11. Industry or business

FATHER
12. Name John J. Allen
13. Birthplace Morgan County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ella Crosswhite
15. Birthplace Morgan County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. James W. Allen
(b) Address Versailles, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 12 (Day) 45 (Year)
(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Versailles Mo

19. (a) 8-19-1945 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th year 1945 hour 12 minute NOON

21. I hereby certify that I attended the deceased from 3/25/45, 19 to 8-10-45, 19 that I last saw him alive on 8-10- 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Urinary Bladder	6 Mo's
Due to and Cancer of Stomach	2 or 3 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations infiltrating Ca of Urinary Bladder

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. G. [signature] (M. D. or other)

Address Versailles Mo Date signed 8/19/45

1029

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 8-45-927
Date Filed 7-30-45

JUL 13 1945

MAR 13 1946

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 H. F. Kidwell

Licensed Embalmer No. 1596

P. O. Address Versailles 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.