S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1946

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40516

Primary Registration District No. 1000

Registrar's No. 1428

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: 115 Smith St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 115 Smith 7
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Luther Allen
3. (b) If veteran, name war No
3. (c) Social Security No. Not Stated

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eva
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 13 (Day) 1870 (Year)

8. AGE: Years 75 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace Rockport (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Cabinet Maker
11. Industry or business

MOTHER FATHER
12. Name Elisha Allen
13. Birthplace — (City, town, or county) Mo (State or foreign country)
14. Maiden name Mary Unknown
15. Birthplace — (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs H.T.Busby
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem —
18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Missouri
19. (a) Jan. 2. 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day ## 24
year 1945 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from Dec 27th 45 Viewed, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Mitral Insufficiency	Duration
Due to		
Due to		
Other conditions (Include pregnancy within 3 months of death)	none	
Major findings: Of operations		
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 Coroner 7

23. Signature B. W. Tadlock (M. D. or other)
Address King Hill Bldg ST. JOSEPH Date signed 1/4/46

1429 (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~~

~~Registered Apprentice~~

working under my personal supervision.

Signed Robert L. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Missouri

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.