

FILED FEB 15 1946

STANDARD CERTIFICATE OF DEATH

State File No.

2645

Registration District No.

120

Primary Registration District No.

4194

Registrar's No.

7

1. PLACE OF DEATH:

(a) County Deer
(b) City or town Albany
(c) Name of hospital or institution: 1

(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)

3. (a) PRINT FULL NAME

Stewart Whitley 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 Married

6. (b) Name of husband or wife Lydian Warden 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased March 16 - 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Kendall Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Monument Dealer

12. Name George Allen

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Campbell

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice Allen

(b) Address Albany, Mo

17. (a) Burial (b) Date thereof 1/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shadrings Cemetery

18. (c) Signature of funeral director Robert Smith

(b) Address Albany, Mo

19. Jan 24-1946 (b) Wm W White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deer

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

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Oct 1st 1945 to Jan 17th 1946

that I last saw him alive on Jan 17th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of the
13 mm

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of the
trachea

Of autopsy metastatic spread
St Joseph Mo

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) (e) Means of injury

23. Signature W S Campbell (M. D. or other)

Address Albany Mo Date signed Jan 19th 1946

103

(Licensed Embalmer's Statement on Reverse Side)

Mo.

1946

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

591

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Clifford Brooke
Licensed Embalmer No. 3329
P. O. Address Albany 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.