

FILED MAR 8 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 220

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 St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
in this community 21 years
years, months or days)

3. (a) PRINT
FULL NAME

Hulda Allen

3. (b) If veteran,
name was none

3. (c) Social Security
No. none

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married,
divorced widow

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

7. Birth date of deceased August 12 1969
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 9 hr. min.

9. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name William Miller

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

14. Maiden name unknown unknown

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

16. (a) Informant Mrs. Clarence Tuttle

(b) Address 1405 Pacific

17. (a) burial (b) Date thereof 2/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director

(b) Address St. Joseph, Mo.

19. (a) Feb 23 1946 (b) [Signature]
(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. 1030 Angelique
(If rural, give location)
(e) Citizen of foreign country? no (Ver or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1946 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1-5-46
19 to 2-24-46
that I last saw him alive on 2-20-46
and that death occurred on the date and hour stated above.

Immediate cause of death.

Due to Pulmonary congestive edema
+ Bronchial pneumonia
Due to 1 wk

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 [Signature] (a. D. or other)
Address [Address] Date signed 2-24-46

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 Edward A. Bouma

Licensed Embalmer No. 1710

P. O. Address St. Joseph, 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.