

FILED JUL 9 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 744

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 2 1/2 Days
(Specify whether
in this community 12 Years
years, months or days)

3. (a) PRINT FULL NAME Buelah Maye Allen

3. (b) If veteran, No
name war. No
3. (c) Social Security No. None

4. Sex Female / 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

7. Birth date of deceased May 24 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 2
If less than one day hr. min.

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

10. Usual occupation None At Home

11. Industry or business.

12. Name James A. Allen

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

14. Maiden name Emma E. Goheen
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs George Allen

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 6-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem.
Fleeman & Son Inc.

18. (a) Signature of funeral director St Joseph, Mo.

(b) Address

19. (a) June 29, 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. 28 East Hyde Park
(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 26
year 1946 hour 1 minute 27 A. M.

21. I hereby certify that I attended the deceased from June 23
1946 to June 25 1946.
that I last saw her alive on June 25 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Nephritis with Uremic
Coma
Duration 3 days

Due to
Due to

Other conditions Diabetes Mellitus 5 Yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 131
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. M. Zischler (M. D. or other)
Address Kirkpatrick Bldg. Date signed 6-27-46

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~~.....

.....
working under my personal supervision.

Signed.....

Robert H. Yapp
.....
Licensed Embalmer No. 3308

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.