S. No. 2
OM—5-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30536

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 294

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 100 West Moore 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES D. ALLEN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

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 alive years

7. Birth date of deceased August (Month) 27 (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 13 hr. 30 min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Howard J. Allen
13. Birthplace Kirtland (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Ruth Chappelow
15. Birthplace Independence (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Howard J. Allen
(b) Address Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Grove

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri

19. (a) 8-30-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1946 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug 27, 1946 to Aug 27, 1946 that I last saw him alive on Aug 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Atelectasis

Due to Prematurity

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

Duration

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 0

23. Signature Howard Woods M.D. (M. D. or other)

Address Independence Mo Date signed 8/28/46

354 (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 Not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.