S. No. 2 M5-43 7. 5-17-39	DEPARTMENT OF COMMERCE FILED WAR 1947 THE STATE BOARD OF F	CATE OF DEATH State File No	48
I X36671	Registration District No. 42 Primary Registration Distric	ct No. 1000 Registrar's No. 24	7
	1. PLACE OF DEATH: (a) County Buchanan (b) City or town St. Joseph (foutside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: 617 So. 17th. St. (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution None In this community 31 Years (Specify whether years, months or days)	2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Buchana (c) City or town St. Joseph (If outside dity or town limits, write "RURAL" (d) Street No. 617 So. 17th. St. (If rural, give location) (c) Citizen of foreign country? No If yes, name country. **	3
	3. (a) PRINT George Edward Allen 3. (b) If veteran, name war None No. 491-09-341	MEDICAL CERTIFICATION 20. DATE OF DEATH: Month February day 19 year 1947 hour 12 minute 15 21. I hereby certify that I attended the deceased from.	А • м.
	5. Color or race White 6. (a) Single, widowed, married, divorced Married 6. (b) Name of husband or wife 6. (c) Age of husband or wife if Marguerite E. alive 33 years 7. Birth date of deceased July 20 1908 (Month) (Day) (Year)	that I last saw h. As alive on May ### and that death occurred on the date and hour stated above. Immediate ause of death. Colonary Arambosis	19.4.7. 19.46 Duration
	8. AGE: Years Months Days If less than one day 38 6 29 hrmin.	Due to Chronic Endocardetis	
	9. Birthplace Amenia Arkansas / (City, town, or county) (State or foreign country)		
	10. Usual occupation. Salesman 11. Industry or business. Rainbo Bread Co. \$\frac{2}{2}\$ \ \text{Name}\$ Charles Edward ALLEN.	Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations	PHYSICIAN Underline
	E 13. Birthplace Hamburg Iowa (City, form, Bounty) 14. Maiden name Ida Black 15. Birthplace Grayson Missouri (City, town, or county) (City, town, or county) (State or foreign country)	Of autopsy	the cause to which death should be charged sta- tistically.
	16. (a) Informant Mrs. Marguerite Allen (b) Address 617 So. 17th. St.	(a) Accident, suicide, or homicide (specify)	
	17. (a) Burial (b) Date thereof Eb. 21, 1947 (Burial, cremation, or removal) (Mooth) (Day) (Year) (c) Place: burial or cremation. Ashland Cemetery 18. (a) Signature of funeral director function. (b) Address 1802 Union St. St. Joseph, Mo.	(c) Where did injury occur? (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in p (Specify type of place) While at world (c) Means of injury 23. Signature (M. D. or o	
	19. (a) 2-2/-47 (b) 6. (Registrat a signature)	Address H. Joseph Messoulis Date signer	
	(Licensed Embalmer's Statement on Reverse Side.		

STATEMENT BY LICENSED EMBALMER		
I hereby certify that the body whose name is record	ed on the reverse side of this certificate was embalmed by me, or by	
	, Registered Apprentice No	
working under my personal supervision.	Signed Thousand	
	Licensed Embalmer No. 26 46	

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.