

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 148

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, R.F.D. #2
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Allan Gilbert Allen

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 318-07-6534

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Madeline 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased November 3, 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Office Manager

12. Name John Allen

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Madeline Allen

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 4-15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia, Mo.

19. (a) 4/14/47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1947 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from 4/12, 1947, to 4/12, 1947, to
that I last saw him alive on 4/12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death
Sudden Myocardial
myocardial Degeneration
Due to
Due to

Other conditions slight leakage of heart
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 H. P. Holder (M.D. or other) D.O.
Address 215 E. 2nd St. Sedalia, Mo. Date signed 4/14/47

RECEIVED

District Health Officer No. 3,

District File Number

Date Filed

5-18-42

FEB 2-1948

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

John A. Cantlon

Licensed Embalmer No.

4387

P. O. Address

Jedalia, 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.