U. S. No. 2
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Rev. 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 JUN 9 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16519

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 707

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 Josephs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 65 years

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. 3107 N 10th St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Allen
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 15 1881 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 24 If less than one day hr. min.

9. Birthplace St Joseph (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unk (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace (City, town, or county) Unk (State or foreign country)

16. (a) Informant Mrs Anna Forsyth
(b) Address 3107 N 10 St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery
18. (a) Signature of funeral director Ramsey Mortuary
(b) Address St Joseph Mo
19. (a) 6-4-47 (Date received by registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1947 hour 4:10 minute A. M.
21. I hereby certify that I attended the deceased from May 2 to May 9th, 1947, to ____, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Cause of death	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day.
Due to: A fall in the street after being being struck	
Due to: by an automobile	
Other conditions (Include pregnancy within 3 months of death): Man was struck while crossing St Joseph Ave, at Broadway	

Major findings:
Of operations
Of autopsy No

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) accident
(b) Date of occurrence May 9th 1947
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? St Joseph Ave and Broadway St (Specify type of place)
While at work? no (e) Means of injury Automobile acting Driver

23. Signature H. F. Mundy (M. D. or other)
Address 1404 So 22 Date signed 5/10/47

(Licensed Embalmer's Statement on Reverse) St. Joseph, Mo.

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 Victor J. Barry

Licensed Embalmer No. 4212

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.