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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23393

Primary Registration District No. 1000

Registrar's No. 855

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: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4½ hours
(Specify whether)
In this community Life
years, months or days)

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. 906 No. 9th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Phillip Wayne Allsbury

3. (b) If veteran, name war No

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 July (Month) 9 (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	4 hr. 30 min.

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

10. Usual occupation Infant

11. Industry or business None

MOTHER FATHER

12. Name Nelson E. Allsbury

13. Birthplace Wathena (City, town, or county) Kansas (State or foreign country)

14. Maiden name Alice Bear

15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Nelson E. Allsbury

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph,, Mo

19. (a) 7-16-47 (Date received local registrar) (b) E. L. Jenkins (Registrar signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 9. year 1947 hour 5) minute 20 P.M.

21. I hereby certify that I attended the deceased from July 9, 1947, 19 to July 9, 1947, 19; that I last saw him alive on July 9, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature Birth	
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (c) Means of injury 0

23. Signature [illegible] (M. D. or other)

Address 825 Charles St. St. Joseph, Mo. Date signed 7/10

(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 .....

....., Registered Apprentice No....., working under my personal supervision.

Signed..... Frank A Bergmann

Licensed Embalmer No..... 1710

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.