

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27032

State File No.

Registration District No. 59

Primary Registration District No. 4101

Registrar's No. 137

1. PLACE OF DEATH:

(a) County CASS
(b) City or town RAYMORE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 (Specify whether years, months or days)
In this community 44 years, months or days

3. (a) PRINT FULL NAME GENE EDWARD ALLEN

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDITH ALLEN 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased JUNE 29 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 9 If less than one day hr. min.

9. Birthplace DELAN ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business OWN FARM

12. Name GEORGE ALLEN

13. Birthplace HARLEM, N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name NEELIE RAY

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

16. (a) Informant MRS. GENE ALLEN

(b) Address RAYMORE, MO

17. (a) BURIAL (b) Date thereof 9-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELTON, MO

18. (a) Signature of funeral director C. K. Deagat Sons

(b) Address BELTON, MO

19. (a) Sept. 11-1947 (b) Anna J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CASS
(c) City or town RAYMORE
(If outside city or town limits, write "RURAL")
(d) Street No. (NONE)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8
year 1947 hour 6 minute 45P. M.

21. I hereby certify that I attended the deceased from February 1947 to September 8, 1947
that I last saw him alive on September 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to

Other conditions Diabetic Coma
(Include pregnancy within 3 months of death)

Major findings: uremia

Of operations 61

Of autopsy

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) (c) Means of injury (1)

23. Signature Walter Robbins (M. D. or other) MD

Address Peculiar, Mo Date signed 9/10/47

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

DEC 15 1948

1 NOV 1

9881

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.....

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.