

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1948

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No.

169

Registrar's No. 47

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days) 5 days

3. (a) PRINT FULL NAME George Henry Allabac

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 Married
6. (b) Name of husband or wife Nellie Allabac 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased December 23 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Cayuga Co. New York
(City, town, or county) (State or foreign country)
Landowner

10. Usual occupation

11. Industry or business

12. Name Jacob Allabac
13. Birthplace unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Lawrence
15. Birthplace unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Allabac
(b) Address Forest City, Missouri

17. (a) Burial (b) Date thereof Jan 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest City, Missouri

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Mo.

19. (a) 1-14-48 (b) L. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Forest City
(If outside city or town limits, write "RURAL")
(d) Street No. " " (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1948 hour minute 9:45 M.

21. I hereby certify that I attended the deceased from Jan 7 1948 to Jan 12 1948
that I last saw him alive on Jan 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchitis Pneumonia

Duration

4 days

Due to

Due to

Other conditions Renal failure
Coronary atherosclerosis
(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

23. Signature T. L. Howden (M. D. or other)

Address 620 T. L. Howden Date signed 1-14-48

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

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

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.....

James H. Pettijohn

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.