

FILED MAY 6 1948

Registration District No. **15**

Primary Registration District No. **5572**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Rural Prairie Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jackson County Emergency Hosp**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **20 min**
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **4**
(c) City or town **Mexico** (If outside city or town limits, write "RURAL")
(d) Street No. **319 N. Wade** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **Horace H. Allen**

3: (b) If veteran, name war **World War 1** 3: (c) Social Security No. **486-12-1598**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6: (b) Name of husband or wife **Nealy Ruth Allen** 6: (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug 31-1891**
(Month) (Day) (Year)

8. AGE: Years **56** Months **7** Days **28** If less than one day hr. min.

9. Birthplace **Hancock Co Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Daniel C Allen**

13. Birthplace **St Lawrence Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane R. Brunel**

15. Birthplace **La Salle Co Ill**
(City, town, or county) (State or foreign country)

16: (a) Informant **Kurly Allen**

(b) Address **Mexico Mo**

17: (a) **Burial** (b) Date thereof **5-1-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mexico Mo**

18: (a) Signature of funeral director **N B Langford**

(b) Address **Lee's Summit Mo**

19: (a) **APRIL 29, 1948** (b) **Small C. Emanuel**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28**
year **1948** hour **2** minute **35 PM**

21. I hereby certify that I attended the deceased from **Coroner**, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Shock** Duration _____
Skull Fracture

Due to **Auto Trauma** **17c 8**

Due to **(2 Car Accident)**

Other conditions (Include pregnancy within 7 months of death) **Deputy Coroner**

Major findings: Of operations _____

Of autopsy **History & Inspection**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide specify _____

(b) Date of occurrence **7/28/48**

(c) Where did injury occur? **Jackson Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place, or in _____
11 on base of skull **Skull Fracture**
(Specify type of place) (Means of injury)

23. Signature **A. E. Usher** (M. D. or D. O.) **M.D.**

Address **2800 Main** Date given **7/28/48**

3761 8 JUN

8761 8 JUN

MAY 14 1949

JAN 17 1950

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 N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit

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.