

No. 2
-1/47
5-17-39

15423

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 18 1948

Registrar's No. 548

Registration District No. 42

Primary Registration District No. 1000

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. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 days
(Specify whether 40 Years)

In this community 40 Years
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. 2206 Sylvanie Street
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME James Allen

3. (b) If veteran, name war No

3. (c) Social Security No. 707-07-4270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1948 hour 1 minute 55 A M.

21. I hereby certify that I attended the deceased from 4 April
1948 to 12 May 1948
that I last saw h. u alive on 12 May 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oakley Temple Allen

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 12 1885
(Month) (Day) (Year)

Immediate cause of death Carcinoma Rectum 1 yr

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>0-</u>hr.min.

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

10. Usual occupation Porter

11. Industry or business Railroad

12. Name John Allen

13. Birthplace Richmond Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Betsy (Unknown)

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

16. (a) Informant Mrs. Oakley T. Allen

(b) Address 2206 Sylvanie Street

17. (a) Burial (b) Date thereof 5-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Wm. H. Alexander

(b) Address St. Joseph Mo.

19. (a) May 14, 1948 (b) La La Jenkins
(Date received local registrar) (Registrar's Signature)

Major findings: 460

Of operations.....

Of autops.....

PHYSICIAN
Underline the cause of 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?..... (e) Means of injury 0

23. Signature D. H. Jenkins (M. D. or other)

Address St. Joseph Mo Date signed 5-12-48

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

11
170

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..... *Wm. H. Alexander*
Licensed Embalmer No. *4450*
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.