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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19817

FILED JUL 15 1948

Registration District No. 156

Primary Registration District No. 2007

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 Days (Specify whether
In this community 58 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee 999

(c) City or town Galena 14
(If outside city or town limits, write "RURAL")

(d) Street No. 706 E 7th St. 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Ulyssis Simpson Grant Allen

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Nora Elizibeth Allen

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

7. Birth date of deceased July (Month) 11 (Day) 1863 (Year)

8. AGE: Years 84 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Farlington (City, town, or county) Kans. (State or foreign country)

10. Usual occupation Teamster

11. Industry or business

FATHER
12. Name Reuban Allen
13. Birthplace No Record (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Pernialla Demmy
15. Birthplace No Record (City, town, or county) (State or foreign country) 9

16. (a) Informant Fannie Overstreet
(b) Address Galena, Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 21 (Month) (Day) (Year)
(c) Place: burial or cremation Galena, Kans. 68

18. (a) Signature of funeral director Poteet Funeral Home
(b) Address Galena Kans.

19. (a) 6-22-48 (Date received local registrar) (b) Dolores Lampkins DR (Registrar's signature) 24

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1948 hour 6 minute A M.

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

	Duration
Immediate cause of death: Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Paul H. Grubb (M. D. or other)
Address 611½ Main Galena Kans. Date signed 21 June 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-6-569

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 Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.