

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

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. L093 Registrar's No. 736	
1. PLACE OF DEATH a. COUNTY Saline Mo. State School		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) Marion La. 6 years		c. CITY (If outside corporate limits, write RURAL and give township) Marion La. P.O. K.C. Mo			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. State School		d. STREET ADDRESS (If rural, give location) 3507 E. 36th 3578			
3. NAME OF DECEASED a. (First) William b. (Middle) Frank c. (Last) Allen		4. DATE (Month) (Day) (Year) June 30, 1952			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH May 25, 1934		9. AGE (In years) 18 last birthday Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Kansas City Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Ray Bowen Allen		13b. MOTHER'S MAIDEN NAME Mary-L. Hensley	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mo. State School - Marshall		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental drowning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9299 42		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 a. m., from the causes and on the date stated above.					
23a. SIGNATURE M.P. Croner Sheriff		23b. ADDRESS Marshall Mo.		23c. DATE SIGNED July 2, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-2-1952		24c. NAME OF CEMETERY OR CREMATORY Kansas City Mo	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Harry Herschberger		ADDRESS Marshall Mo	

OCT 20 1952

EX-111 6 100

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address

Marshall, Ark

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.