10.48	FILED JAN	1 8 195/	STA	NDARD	CERTIF	ICATE OF	DEATH	State File No	200
1	BIRTH NO.	10 1007	REG. D	IST. NO	42	PRIMARY REG. I	015T. NO	1000 Registrar's No.	23
i	1. PLACE OF DEA	TH				2 USUAL R	ESIDENCE (V	Vhere decemend lived. If ins	titution: residence before
i	a. COUNTY Buc	hanan				a. STATE	issouri	b. COUNTY Buc	chanan
•	b. CITY (If outside cor	rporate limite, write RI	URAL and g	ive C. L	ENGTH OF	c. CITY (If our	side corporate limits	, write RURAL and give town	mhip)
A	TOWN St. J	ose ph	to	wmship) STA	Y (in this place) 58 Yr	TOWN	St. Jose	oh	117
— ¥ ∣	d. FULL NAME OF (I HOSPITAL OR	d. FULL NAME OF (If not in hospital or institution, give etreet address or locati			m or location)	d. STREET ADDRESS	(If rurs),	aive location)	ص را ما الما الما الما الما الما الما الم
RECORD	INSTITUTION 1311 Grand Avenue						1311 Gran	nd Avenue	
2	3. NAME OF DECEASED	a. (First)		b. (Mide	dle)	c. (Last)	1	4. DATE (Month)	(Day) (Year)
Ħ	I	Homer				_ Aller	ı	OF DEATH anuary	5th 1954
- Z		COLOR OR RACE	7. MARRI	ED, NEVER I	MARRIED, 7	8. DATE OF BIR		9. AGE (In years) # DEDER	I YEAR IF DICER 21 HES.
PERMANENT	Male	White	WIDOW	ved divorc arried	ED (Specify)	February	25-1872	last birthday) Months	Days Hours Min.
I K	10a. USUAL OCCUPATIO done during most of working)N (Give kind of work ng life, even if retired)	10b. KINI	D OF BUSIN	ESS OR IN- DUSTRY		(State or foreign o	ountry)	12. CITIZEN OF WHAT COUNTRY?
8	Mill-Wright	<u>-Retired*</u>	Swif	t & Con	many	Winthro			U. S. A.
	13a. FATHER'S NAME		1		R'S MAIDEN	NAME	14. NAV	E OF HUSBAND OR WIF	E
· 1	Silas Al	len		7.		Libel	Mrs	Ada Allen	
E		15. WAS DECEASED EVER IN U.S. ARMED FORCES?			SECURITY	17. INFORMA	NT'S SIGN	TURE OR NAME	ADDRESS
MAKE	(Yee, no, or unknown) (If	yes, give war or dates of NONE	of service)	none	NO.	Mrs. Ads		1311 Grand Av	re. City.
	18. CAUSE OF DEATH	110110				ERTIFICATION		A	INTERVAL BETWEEN
INK-	Enter only one cause per	1. DISEASE OR CO	ONDITION ING TO DEA	7	Don	nac	y Oco	lusion	ONSET AND DEATH
i i	line for (a), (b), and (c)			(4)	11	4(-		
CK	*This does not mean the mode of dying, such Morbic conditions, if any, giving DUE TO (b)								-
BLA	the mode of dying, such as heart failure, asthenia,	allure, asthenia, rise to the above cause (a the underlying cause last.			"Ca	dis varaulas disease			
·· 🖼 🛭						LELLU VOL			
	etc. It means the dis-	the underlying cou-	se last.		(0)	ikio va			7.5
	case, injury, or complica-			DIJE 70	(c)	o o			3044
		II. OTHER SIGNIF	ICANT CO	DUE TO	Const	reface	ilent.	_	22 yrs
	ease, injury, or complica- tion which caused death.	II. OTHER SIGNIF Conditions contribu	ICANT COI	DUE TO NOITIONS death but not on causing dec	Cereb	reface	ident.	-	22 gm. 11 gns.
	case, injury, or complica-	II. OTHER SIGNIF	ICANT COI	DUE TO NOITIONS death but not on causing dec	Cereb	reface	ident	- 1/20/	22 grad 11 grad - 20. AUTOPSY1
UNFADING F	ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION	II. OTHER SIGNIF Conditions contribu- related to the diseas 19b. MAJOR FIND	FICANT COI uting to the se or condition	DHE TO NOITIONS death but not on causing dec OPERATION	Cereb	reface	ilent	4201	YES NO NO
UNFADING	ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR'FIND (Specify) 2	FICANT COI ruting to the se or condition DINGS OF CO	DUE TO NOITIONS death but not on causing dec	Cereb	Puface 21c. (CITY, TOW	N, OR TOWNSHIE		
SING UNFADING	ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR'FIND (Specity) 2	ricant coluting to the se or condition of the property of the	DHE TO NDITIONS death but not on causing dec OPERATION OF INJURY (e- Latory, street, of	Cerel	-) (COUNTY)	YES NO NO
UNFADING	ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR'FIND (Specify) 2	FICANT COI nuting to the se or condition DINGS OF COI DINGS OF COI DID PLACE (home, farm,	DIJE TO NOITIONS death but not on equating dec OPERATION OF INJURY (e- notory, atrost, of	Cerell ith. .g., in or about flee bldg., etc.) DCCURRED OCCURRED OCCURRED	21c. (CITY, TOW) (COUNTY)	YES NO NO
—USING UNFADING	ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF (Month)	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR'FIND (Specity) 2	FICANT COI nuting to the se or condition DINGS OF COI DINGS OF COI DID PLACE (home, farm,	DIJE TO NOITIONS death but not on equating dec OPERATION OF INJURY (e- notory, atrost, of	Cereb	21f. HOW DID IN	JURY OCCURT) (COUNTY)	YES NO NO
—USING UNFADING	ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR'FIND (Bpecity) 2 (Day) (Year) (E	CICANT COI uting to the ne or condition DINGS OF C 21b. PLACE (nome, farm, fa Hour) 21 Wij	DIJE TO NDITIONS death but not on counting dec OPERATION OF INJURY (LECTY, street, of HILE AT N WORK I ed from	Cerel ath. Le., in or about the bidg., erc.) DOCCURRED OT WHILE LAT WORK	21f. HOW DID IN	Jan S	(COUNTY)	(STATE)
—USING UNFADING	ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR'FIND (Bpecity) 2 h (Day) (Year) (E	CICANT COI uting to the ne or condition DINGS OF C 21b. PLACE (nome, farm, fa Hour) 21 Wij	DIJE TO NDITIONS death but not on counting dec OPERATION OF INJURY (LECTY, street, of HILE AT N WORK I ed from	Cerel ath. Le., in or about the bidg., erc.) DOCCURRED OT WHILE LAT WORK	21f. HOW DID IN	Jan S	(COUNTY)	(STATE)
PLAINLY—USING UNFADING	case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify t.	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR'FIND (Bpecity) 2 (Day) (Year) (E	CICANT COI uting to the ne or condition DINGS OF C 21b. PLACE (nome, farm, fa Hour) 21 Wij	DIJE TO NDITIONS death but not on cousing dec OPERATION OF INJURY (Better, street, of HILEAT NOW WORK NOW And death on and death on	Cerel ath. Le., in or about the bidg., erc.) DOCCURRED OT WHILE LAT WORK	21f. HOW DID IN	Jan S	(COUNTY)	(STATE)
PLAINLY—USING UNFADING	case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify t alive on 23a. SIGNATURE 24a. BURIAL. CREMA-	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR'FIND (Specify) 2 (Day) (Year) (E. 1) that I attended the 30, 19	FICANT COINT TO THE PROPERTY OF CONDINGS OF COMMON PARTY. IS THE PROPERTY OF T	DIJE TO NDITIONS death but not on causing dea OPERATION OF INJURY (e. Lateral, of Ite. INJURY (c. WORK INDURY) Lateral death on OPERATION OPERATION	Cerel ath. Section of about the bidg., sto.) CCCURRED OT WHILE LAW WORK LAW CCUrred at pre- CCURRED OT title) Courred ot OT title)	21f. HOW DID IF	Jan 5	(COUNTY)	(STATE) It saw the deceased d above.
PLAINLY—USING UNFADING	case, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify talive on Calive Open Caliv	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR'FIND (Bpecity) (Day) (Year) (E. C.	CICANT COINT TO THE PROPERTY OF CONDUCTOR OF	DIJE TO NDITIONS death but not on cousing dec DPERATION OF INJURY (** Lectory.street, of lie. INJURY (** WORK N at death of 124c, NAME (** DOINT TO THE TO T	Cerel ath. Section of about mos bidg., sto.) DCCURRED OF WHILE Tree or title) DF CEMETER	21f. HOW DID IN 1952/to 8130pn., fr 23b. ADDRESS Y OR CREMATOR	Jan Som the causes	(COUNTY) 7, 19 7, that I last and on the date state Mey TION (City, town, or county)	(STATE) It saw the deceased d above. 23c. DATE SIGNED 1.5
—USING UNFADING	case, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify talive on Calive on	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR'FIND (Bpecity) 2 b (Day) (Year) (E) Chat I attended the 30, 195	CICANT COI uting to the ne or condition DINGS OF COINTS OF COINTS OF COINTS Elbury 21 William William	DIJE TO NDITIONS death but not on causing dec OPERATION OF INJURY (Lettery, street, of HILEAT NOWORK NO Lettery No Let	Cerel ath. Section of about mos bidg., sto.) DCCURRED OF WHILE Tree or title) DF CEMETER	21f. HOW DID IN 1952, to 8130pm., fr 23b. ADDRESS Y OR CREMATOR TR Ceme to	Jan Som the causes	TION (COUNTY) (COUNTY) That I last and on the date state TION (City, town, or court Joseph.	(STATE) It saw the deceased d above.
PEAINLY—USING UNFADING	case, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify talive on Calive Open Caliv	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR'FIND (Bpecity) 2 b (Day) (Year) (E) Chat I attended the 30, 195	CICANT COI uting to the ne or condition DINGS OF COINTS OF COINTS OF COINTS Elbury 21 William William	DIJE TO NDITIONS death but not on causing dec OPERATION OF INJURY (Lettery, street, of HILEAT NOWORK NO Lettery No Let	Cerel ath. Section of about mos bidg., sto.) DCCURRED OF WHILE Tree or title) DF CEMETER	21f. HOW DID IN 1952, to 8130pm., fi 23b. ADDRESS Y OR CREMATOR TR Ceme to 25. FUNERAL D	Jan S Tom the causes To 24d. LOCA TY Sta	TION (COUNTY) (COUNTY) That I last and on the date state TION (City, town, or court Joseph.	(STATE) It saw the deceased d above. 23c. DATE SIGNED (State) Missouri.

THE DIVISION OF HEALTH OF MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate wa	s embalmed by	me or by
/		imbalmer No	•
working under my personal supervision.	4		

P. O. Address St. Joseph, Missouri. 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.

Student Embalmer