FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9784

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
d. STREET ADDRESS (If rural, give location): 1916 Settles St 0644

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle):
c. (Last): ALLEN

4. DATE OF DEATH (Month) (Day) (Year): 3-22-'56

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: June 30, 1875
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Sidney, Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Robert Allen
13b. MOTHER'S MAIDEN NAME: Unknown
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)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Ella Allen, 1212 a Broadway

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): hypertensive cardiovascular disease — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
443x

19a. DATE OF OPERATION: [illegible]
19b. MAJOR FINDINGS OF OPERATION: [illegible]
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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 (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? [illegible]

22. *I hereby certify that I attended the deceased from* 3-11-56, 19__, *to* 3-22-56, 19__, *that I last saw the deceased alive on* 3-22-56, 19__, *and that death occurred at* 2.05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K M Strong, M.D.
23b. ADDRESS: 115 N. 5th St. Hannibal, Mo.
23c. DATE SIGNED: 3-28-56

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24b. DATE: March 26
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Robinson
24d. LOCATION (City, town, or county) (State): Hannibal, Mo

DATE REC'D BY LOCAL REG.: 3/29/56
REGISTRAR'S SIGNATURE: Dr Em Lucke By W C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Geo E Roberts
ADDRESS: Hannibal

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT

RECEIVED APR 3 1956
MARION CO. HEALTH DEPT.
DATE FILED APR 3 1956

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 Edward E. Robinson, Student Embalmer No. 524 working under my personal supervision.

Student Edward E. Robinson
Student Embalmer

Signed Geo E Roberts
Licensed Embalmer No. 2113
P. O. Address Hammond

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.