

Registration District No. 2 Primary Registration District No. 5011 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Andrew				2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew					
b. CITY (If outside corporate limits, give TOWNSHIP only) Town Clay Township			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN R#1 Bolckow		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#1 Bolckow, Mo.			Length of stay in lb 9 Yrs.		d. STREET ADDRESS 4 1/2 Miles W. Midway, Mo		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Silas Middle R. D. Last Allen				4. DATE OF DEATH Month November Day 22 Year 1956					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH February 28, 1875		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Malcom, Iowa.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George Allen				14. MOTHER'S MAIDEN NAME Minda Whitman					
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. 491-10-0608		17. INFORMANT Mrs. Nora Allen. R#1 Bolckow, Mo.			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 16 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	DUE TO (c) Arteriosclerosis							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from June 1934 to Nov. 22-56 and last saw ^{her} _{him} alive on 11-22-56 Death occurred at 11:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE M. R. Holliday M.D. (Degree or title)			22b. ADDRESS Fleemore Mo			22c. DATE SIGNED 11-27-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-27-56	23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.				
24. FUNERAL DIRECTOR Meierhoffer-Fleeman, Inc. ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. 11-27-56		26. REGISTRAR'S SIGNATURE Holliday Sparks			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

36909-1-56

All symptoms will be listed. All

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..

Student.....
Signature of Student Embalmer

Signed *Albert P. Harrington*
.....

Licensed Embalmer No... 3258

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.