

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James Bluford Allee

3. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18 year 42 hour 6 minute 7 M.

21. I hereby certify that I attended the deceased from Mar. 8, 1942, to Sept. 18, 1942 that I last saw him alive on Sept. 18, 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Jan (Month) 14 (Day) 1857 (Year)

Immediate cause of death: arteriosclerosis

8. AGE: Years 85 Months 8 Days 4 If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Moniteau MO
(City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

Major findings: Of operations 97

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Press Allee

13. Birthplace Key
(City, town or county) (State or foreign country)

14. Maiden name Martha Stout

15. Birthplace Moniteau MO
(City, town or county) (State or foreign country)

16. (a) Informant Ida Allee

(b) Address California MO

17. (a) Burial (b) Date thereof 9/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flag Spring

18. (a) Signature of funeral director William H. Friday

(b) Address California MO

19. (a) Sept 19 42 (b) J. Allee
(Date received local registrar) (Registrar's signature)

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 2

23. Signature J. J. Denison (M. D. or other) DO

Address California, Mo Date signed 9/19/42

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.....

H. E. Friedmeyer

Licensed Embalmer No.....

2854

P. O. Address.....

California 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.