V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27020

FILED AUG 28 1947

Registration District No. 5200 Primary Registration District No. 5200 Registrar's No. 215

1. PLACE OF DEATH:

(a) County Carroll (b) City or town Carrollton (If outside city or town limits, write "RURAL" and name of township) Wakenda Twp
(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 years, months or days) In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 13
(c) City or town Carrollton (If outside city or town limits, write "RURAL") 0
(d) Street No. RR 3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Reinaldo Vardeman Allee
3. (b) If veteran, name war No.
3. (c) Social Security No. 493-09-6077

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, or divorced Widowed
6. (b) Name of husband or wife Ella Maud Allee
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased May 18 1888 (Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Guacumbeas (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Office Manager
11. Industry or business Gas Service Co
FATHER
12. Name James M. Allee
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Ellen Moon
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant O. V. Allee
(b) Address Kansas City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill Cemetery
18. (a) Signature of funeral director Markland Funeral Home
(b) Address Carrollton Mo
19. (a) 8/6/47 (Date received local registrar) (b) Wm Herbert Clement (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4th year 1947 hour 1030 minute P M.
21. I hereby certify that I attended the deceased from Aug 4th 1947, to Aug 4th 1947, that I last saw him alive on Aug 4th 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature R. V. Cowherd (M. D. or other)
Address Carrollton Mo Date signed 8-5-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-27-47

SEP 26 1947

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:
F. L. Rea, Registered Apprentice No. 457
working under my personal supervision.

Signed R. M. Marshall
Licensed Embalmer No. 2523
P. O. Address Carrollton, Miss

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.