

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1240
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 253
(c) City Kansas City (d) Street No. 2905 Linwood Blvd.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Victor B. Allee

(a) Residence, No. 2905 Linwood Blvd. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emma V. Allee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 0 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Traveling
9. Industry or business in which work was done, as saw mill, bank, etc. Freight Agent
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland, OhioFATHER 13. NAME William Allee14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New YorkMOTHER 15. MAIDEN NAME Adelaide Johnston16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Mrs. Emma V. Allee
2905 Linwood Blvd.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mordah DATE 1-23-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary
Kansas City, Missouri20. FILED Jan 21, 1939 M. M. Crome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1939 to Jan 20, 1939
I last saw him alive on Jan 20, 1939 Death is said to have occurred on the date stated above, at 10:30 AM
The principal cause of death and related causes of importance were as follows:

Pneumonia (Bronchial) Date of onset
Bilateral
107a

Other contributory causes of importance:

Name of operation Date of _____
What test confirmed diagnosis? Talinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Archibald Johnson M. D.

(Address) 836 Archer St., Kansas City, Mo.

Dr. Caroline A. Johnson
Aug 9 1910

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,

James Freeman, or by

Registered Apprentice No., working under my personal supervision.

Signed *James Freeman*

Licensed Embalmer No. *2939*

P. O. Address *K. O. Mo.*

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

If this body is not embalmed, above space should be left blank.