No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17393
1920

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No.

1. PLACE OF DEATH:

(a) County: Jackson,
(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
704 East 34th St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)
In this community: Unknown,

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Jackson,
(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No.: 704 East 34th St.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME: Mrs. Tamar T. Allen, 1150

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed,

6. (b) Name of husband or wife: O. L. Allen,

6. (c) Age of husband or wife if alive: dec. years

7. Birth date of deceased: February (Month) 24th, (Day) 1855. (Year)

8. AGE: Years 85 Months 24 Days 12 If less than one day hr. min.

9. Birthplace: Mississippi, (City, town, or county) (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: James Rousey,
13. Birthplace: Tennessee, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Allen,
15. Birthplace: Tennessee, (City, town, or county) (State or foreign country)

16. (a) Informant: Jess R. Allen,
(b) Address: 5637 Highland, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof: 5-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery,

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K.C., Mo.

19. (a) May 8, 1940 (Date received local registrar) (b) M. M. Grome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th, year 1940 hour 8:23 minute A. M.

21. I hereby certify that I attended the deceased from Jan, 19 40, to May 6, 19 40 that I last saw he alive on May 5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac suffocation	2 days
Due to: Intestinal obstruction	2 wks
Due to: Intussusception	
Senility	
Other conditions (Include pregnancy within 3 months of death): 125 lb.	
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?
While at work? (Specify type of place) (e) Means of injury:

23. Signature: S B Bidelhoro (M. D. or other)
Address: 2 2 to Hartman Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side) K.C. Mo

Dr. Sherman D. Hibbard

Withrop Bldg.
10, Kansas

Workfield

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 [signature]

Licensed Embalmer No. 1415

P. O. Address K. C. Mo

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

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