

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 Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3336 Woodland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
Kansas City Mo.
(c) City or town 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3336 Woodland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th
year 1940 hour _____ minute 9 M.
21. I hereby certify that I attended the deceased from March
23 to Sept. 7 1940
that I last saw her alive on Sept. 7, 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mrs. Bridget ALLENBURG.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Abraham Allenburg. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 21st. 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Marshall Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife.

11. Industry or business _____

12. Name Michael Mooney

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

14. Maiden name Mary Cooney

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

16. (a) Informant Rosalie Allenburg.

(b) Address 3336 Woodland Ave.

17. (a) Burial (b) Date thereof 9/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Melody McGilley
(b) Address K. C. Mo.

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

Immediate cause of death
Cerebral Myocarditis
Central Nervous System
Pericardial Peritonitis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 92C
Major findings: Of operations No operation
Of autopsy No
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 1
23. Signature Marion Kelly (M. D. or other) _____
Address 1424 W. 7th Bldg Date signed IX-40

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

MOTHER FATHER

*Dr. Bilbo
Professional Body*

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. 267
working under my personal supervision.

Signed.....

J. B. Bilbo
Licensed Embalmer No. 2997

P. O. Address.....

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, above space should be left blank.