

NOV 12 1940

Primary Registration District No. 1002

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: 2029 East 18th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Allie Sales

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col

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

6. (b) Name of husband or wife Hayes Sales

6. (c) Age of husband or wife if alive 17, 1887 years

7. Birth date of deceased Nov. 17, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	10	28	
				hr. min.

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

10. Usual occupation Housework

11. Industry or business 1

12. Name Harrison Johnson

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

14. Maiden name Delilah Riley

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

16. (a) Informant Alfred Johnson

(b) Address 2109 Belleview

17. (a) burial (b) Date thereof 10/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director W. M. Brown

(b) Address 1729 Lydia

19. (a) 10-18-40 (b) W. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limit write "RURAL")

(d) Street No. 2029 East 18th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15 hour 40 minute 7:30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to Deep Thrombosis

Other conditions 186 cc
(Include pregnancy within 3 months of death)

Major findings: 18

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 9/21/1940

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work _____ (c) Means of injury Fall

23. Signature W. M. Brown (M. D. or other) _____
Address City Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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

Isaac Jerome Martin

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 33rd St*

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.