

FILED JAN 8 1940
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Registrar's No. **4612**

I. 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:
622 Outing Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether life)
In this community _____ years, months or days

8. (a) PRINT FULL NAME Minnie H. Allen

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female race Wh 5. Color or wh
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geo E Allen 6. (c) Age of husband or wife if 82 years

7. Birth date of deceased Nov 5 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months ✓ Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife 9

11. Industry or business _____ 9

12. Name Wesley Norman 9
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Lutie Rylee
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Geo E Allen

(b) Address 3548 Wabash

17. (a) Removal (b) Date thereof 12/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph
18. (e) Signature of funeral director Joseph Snow
(b) Address 2312 Lombard

19. (a) 12-4-40 (b) M. M. Crowe
(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 limits, write "RURAL")
(d) Street No. 3548 Wabash
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 17-1-40
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8:00 a.m.
to _____, 19____.

that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Congestion of lungs

D. Old & recent myocardial infarction

D. Old & recent coronary occlusion

Other conditions _____
(Include pregnancy within 3 months of death)

Coronary sclerosis 94A

Major findings: _____
Of operations _____

Of autopsy Yes

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) _____
Means of injury 5

23. Signature Joseph Snow (M. D. or other) _____
Address K.C. Mo. 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 Roy E. Snow

Licensed Embalmer No. 2560

P. O. Address 961 E 5th

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.