No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5833 +

FEB MAR 14 1941

Registration District No. 299 Primary Registration District No. 1002 Registrar's No. 605

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

8
3
8

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: 55th & Brookside Blvd. 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. Southland Hotel-3517 Main Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? --- 0 years.

3. (a) PRINT FULL NAME Miss Edith E. Allman

3. (b) If veteran, name war No

3. (c) Social Security No. 487-05-4871

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased August (Month) 10 (Day) 1873 (Year)

8. AGE: Years 67 Months 6 Days 0 If less than one day ___ hr. ___ min.

9. Birthplace Canton (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Cashier

11. Industry or business Fletcher Cowherd Co.

FATHER
12. Name David B. Allman
13. Birthplace Harrisburg (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Mary N. Bush
15. Birthplace Paris (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Howard W. Allman

(b) Address Manhattan Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Manhattan, Kansas

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/11/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th year 1941 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from ___ 19__ to ___ 19__; that I last saw ___ alive on ___ 19__; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death Rupture of the Heart

Due to Crushing Injury of Chest

Due to Automobile Traumatism

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

Major findings: Of operations

Of autopsy

Duration

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) Accident 123

(b) Date of occurrence 2-10-41

(c) Where did injury occur? K.C. Jackson Mo (City or town) (County) (State)

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

While at work? (e) Means of injury Kitty Car

23. Signature Russell W. Lee (M. D. or other) 3

Address 1 Conn Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.