

No. 2  
-13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9705  
1114  
Registrar's No.

APR 15 1941

Registration District No. 399

Primary Registration District No. 1002

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

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:  
4138 Virginia Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether  
In this community 22 Years / years, months or days)

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. 4138 Virginia Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Fannie E. Allcorn

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr. A. R. Allcorn 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased February 9 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>7</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business --

12. Name William Brown Mitchell

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

14. Maiden name Rebecca Ann Northern

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

16. (a) Informant Widow Allcorn

(b) Address 4138 Virginia

17. (a) Burial (b) Date thereof Mar. 18, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri City, Mo.

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 3/18/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th  
year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from March 11 1941, to Mar 16 1941, that I last saw her alive on Mar 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cornary thrombosis

Due to Pneumonia Labor  
Left lower lobe

Other conditions. (Include pregnancy within 3 months of death) 198

Major findings: Of operations no

Of autopsy no

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 James J. Ferguson (M. D. or other) \_\_\_\_\_  
Address 410 Bryant Blvd Date signed \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

*Alison*

*copy sent to [unclear]*

**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: *H. C. Newcomer Jr.*  
Licensed Embalmer No. *4043*  
P. O. Address: *N. C. Mo.*

**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, fact should be so stated above.**