

FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30853**  
Registrar's No. **3611**

Registration District No. **377**

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:  
**1517 Bristol Avenue** **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **-----** (Specify whether  
In this community **33 Years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **30**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1517 Bristol Avenue** **0**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes name country **-----**

3. (a) PRINT FULL NAME **Mr. Melvin Paul Allen**

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

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mrs. Rachel Rebecca Allen** 6. (c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **June 12 1877**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>64</b>	<b>3</b>	<b>13</b>	hr. min.

9. Birthplace **Johnstown Pennsylvania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **Hotel & Restaurant Supply**

MOTHER FATHER  
12. Name **Edward L. Allen**  
13. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lilah Ann Kimball**  
15. Birthplace **Johnstown Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter J. Allen**  
(b) Address **1204 N 30 Lindy Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 29, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cem.**

18. (a) Signature of funeral director **O. H. Newcomer's Sons**  
(b) Address **1401 Brush Creek Blvd.**

19. (a) **9/29/41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **25th**  
year **1941** hour **5** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Sept. 25, 1941** to **Sept. 25, 1941**  
that I **did not** survive on **Sept. 25, 1941** and that death occurred on the date and hour stated above.  
Immediate cause of death **acute coronary occlusion**

Due to **acute coronary occlusion**  
Other conditions (Include pregnancy within 3 months of death) **gita**

Major findings: Of operations **94a**  
Of autopsy **94a**

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) (c) Means of injury **-----**  
23. Signature **Walter J. Allen** (M. D. or other) **3**  
Address **K. P. Mo.** Date signed **-----**

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

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**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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.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.**