

S. No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37471

DEC 22 1941
Registration District No. 399

Primary Registration District No. 1002

State File No. 4266
Registrar's No.

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:
A Kansas City General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community unknown (Specify whether 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. 413 Spruce Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN ALLEN
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 16th
year 1941 hour 1 minute 30 A.M. M.

4. Sex MO 5. Color or race wh
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Martha Allen
(c) Age of husband or wife if alive Second years
7. Birth date of deceased May 27 - 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-7-41 19... to 11-16-41 19...
that I last saw him alive on 11-16-41 and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 5 Days 30
If less than one day hr. min.

Immediate cause of death Acute Myocardial Failure
Due to Bilateral Bronchopneumonia
Due to Purulent Hydrocele
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy See above

9. Birthplace MO (City, town, or county) (State or foreign country)
10. Usual occupation Laborer

MOTHER FATHER
11. Industry or business
12. Name W. Brown
13. Birthplace W. Brown (City, town, or county) (State or foreign country)
14. Maiden name W. Brown
15. Birthplace W. Brown (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
107

16. (a) Informant Mrs Sadie Bunschong
(b) Address 413 Spruce
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18-41 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park

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?

18. (a) Signature of funeral director W. G. Crowe
(b) Address 11-17-41
19. (a) 11-17-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

While at work (Specify type of place) (e) Means of injury
23. Signature Dr. R. Thom (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

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.....
.....
working under my personal supervision.

Signed *N. E. Henderson* Registered Apprentice No.

Licensed Embalmer No. *3654*

P. O. Address *K. B. No*

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.